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Administrative Code Div.
111 East Monroe Street
Springfield, IL 62756
(217) 782-7017
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TABLE OF CONTENTS

March 16, 2001 Volume 25, Issue 11

PROPOSED RULES

ADOPTED RULES

Editor's Note: The Cumulative Index and Sections Affected Index will be printed on a quarterly basis. The printing schedule for the quarterly and annual indexes are as follows:

Issue 16-April 14, 2000: Data Through March 31, 2000
Issue 29-July 14, 2000: Data Through June 30, 2000
Issue 42-October 13, 2000: Data Through September 30, 2000
Issue 3-January 19, 2001: Data Through December 31, 2000 (Annual)

REGISTER PUBLICATION SCHEDULE 2001

Issue #	Copy Due by 4:30 p.m.	Publication Date
Issue 1	December 26, 2000	January 5, 2001
Issue 2	January 2, 2001*	January 12
Issue 3	January 8	January 19
Issue 4	January 16*	January 26
Issue 5	January 22	February 2
Issue 6	January 29	February 9
Issue 7	February 5	February 16
Issue 8	February 13*	February 23
Issue 9	February 20*	March 2
Issue 10	February 26	March 9
Issue 11	March 5	March 16
Issue 12	March 12	March 23
Issue 13	March 19	March 30
Issue 14	March 26	April 6
Issue 15	April 2	April 13
Issue 16	April 9	April 20
Issue 17	April 16	April 27
Issue 18	April 23	May 4
Issue 19	April 30	May 11
Issue 20	May 7	May 18
Issue 21	May 14	May 25
Issue 22	May 21	June 1
Issue 23	May 29*	June 8
Issue 24	June 4	June 15
Issue 25	June 11	June 22
Issue 26	June 18	June 29
Issue 27	June 25	July 6
Issue 28	July 2	July 13
Issue 29	July 9	July 20
Issue 30	July 16	July 27
Issue 31	July 23	August 3
Issue 32	July 30	August 10
Issue 33	August 6	August 17
Issue 34	August 13	August 24
Issue 35	August 20	August 31
Issue 36	August 27	September 7
Issue 37	September 4*	September 14
Issue 38	September 10	September 21
Issue 39	September 17	September 28
Issue 40	September 24	October 5
Issue 41	October 1	October 12
Issue 42	October 9*	October 19
Issue 43	October 15	October 26
Issue 44	October 22	November 2
Issue 45	October 29	November 9
Issue 46	November 5	November 16
Issue 47	November 13*	November 26**
Issue 48	November 19	November 30
Issue 49	November 26	December 7
Issue 50	December 3	December 14
Issue 51	December 10	December 21
Issue 52	December 17	December 28
Issue 1	December 26 (Wed. Noon)	January 4, 2002

* Tuesday 12 noon deadline following a state holiday.
** Monday publication date following a state holiday.

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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Discipline and Behavior Management in Child Care Facilities

2) Code Citation: 89 Ill. Adm. Code 384

3)

Section Numbers:	Proposed Action:
384.10	Amend
384.20	Amend
384.30	Amend, Renumber
384.40	Repeal
384.50	Amend, Renumber
384.60	Amend, Renumber
384.70	Amend, Renumber
384.80	Amend, Renumber
384.90	Amend, Renumber
384.100	Repeal
384.110	Amend, Renumber
384.120	Amend, Renumber
APPENDIX A	New

4) Statutory Authority: Implementing and authorized by the Child Care Act of 1969 [225 ILCS 10]

5) A Complete Description of the Subjects and Issues Involved: The Department is revising this Part to reflect current best practice in behavior treatment of children in residential child care facilities.

6) Will these proposed rules replace an emergency rule currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed rules contain incorporations by reference? No

9) Are there any proposed amendments to this Part pending? No

10) Statement of Statewide Policy Objectives: These rules do not create or expand a state mandate as defined in Section 3(b) of the State Mandates Act [30 ILCS 805/3(b)].

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Comments on this proposed rulemaking may be submitted in writing for a period of 45 days following publication of this notice. Comments should be submitted to:

Jeff Osowski
Department of Children and Family Services
406 East Monroe, Station #65

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

Springfield, Illinois 62701-1498
(217) 524-1983
TTY: (217) 524-3715
FAX: (217) 557-0692
E-mail: cfpolicy@idcfs.state.il.us

The Department will consider fully all written comments on this proposed rulemaking submitted during the 45-day comment period. Comments submitted by small businesses should be identified as such.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses affected: Child care institutions, group homes, emergency youth shelters, secure care facilities.

B) Reporting, bookkeeping or other procedures required for compliance: It is necessary that small businesses identified above complete reports on forms supplied by the Department.

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: January 2001

The full text of the Proposed Amendments appears on next page.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SUBCHAPTER d: LICENSING ADMINISTRATION

PART 384
~~DISCIPLINE AND~~ BEHAVIOR TREATMENT ~~MANAGEMENT~~ IN RESIDENTIAL CHILD CARE FACILITIES

Section
384.5 Behavior Management Techniques (Repealed)
384.10 Purpose
384.20 Definitions
384.30~~50~~ Behavior Treatment Plans ~~Interventions Plan~~ in Child Care Facilities
384.40 Limitations of Discipline (Repealed)
384.45~~30~~ Behavior Intervention Requirements for the Use of Discipline
384.50~~60~~ Behavior Management Requirements for the Use of Manual ~~Physical~~ Restraints
384.60~~70~~ Behavior Management Requirements for the Use of Mechanical and Medical ~~Mechanical~~ Restraints
384.70~~80~~ Behavior Management Requirements for the Use of Seclusion ~~Confinement~~
384.80~~90~~ Self-Governance Programs
384.90~~10~~ Reports
384.100 Secure Residential Care (Repealed)
384.110~~20~~ Severability of this Part
APPENDIX A Matrix of Behavior Treatment Techniques

AUTHORITY: Implementing and authorized by the Child Care Act of 1969 [225 ILCS 10].

SOURCE: Adopted and codified at 6 Ill. Reg. 13713, effective Nov. 15, 1982; emergency amendments at 18 Ill. Reg. 8474, effective May 20, 1994, for a maximum of 150 days; emergency expired October 17, 1994; amended at 19 Ill. Reg. 8165, effective June 9, 1995; amended at 25 Ill. Reg. _____, effective _____.

Section 384.10 Purpose

a) The purpose of this Part is to explain acceptable behavior treatment techniques and to assure that these techniques are used only under controlled conditions by appropriately trained personnel. This Part will also identify limitations and restrictions on specific behavior treatment techniques related to crisis prevention, behavior intervention, and behavior management. ~~The purpose of this Part is to explain the behavior management which are acceptable and to identify those behavior intervention techniques which are prohibited. In addition, the use of behavior management techniques are explained and limited.~~

b) This Part applies only to the following types of facilities licensed

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

by the Department of Children and Family Services: secure child care facilities, child care institutions, group homes, and youth emergency shelters (as restricted by 89 Ill. Adm. Code 410, Licensing Standards for Youth Emergency Shelters). No other facility licensed by the Department is authorized to use manual ~~physical~~ restraint or seclusion. ~~confinement unless a behavior intervention plan allowing physical restraint or confinement has been approved by the Department in accordance with the provisions of this Part or is specifically allowed by the applicable licensing standards.~~

(Source: Amended at 25 Ill. Reg. _____, effective _____)

Section 384.20 Definitions

"Approved crisis (intervention and de-escalation) prevention ~~intervention~~ procedures and models" are those procedures and models approved by the Department of Children and Family Services and the governing body of the child care facility. (The accepted models under this Part are listed in Appendix A.) The procedures are taught as part of mandatory training expressly for use in responding to emergency situations when a child presents dangerous behavior that ~~which~~ could not have been anticipated, or ~~and~~ the procedures specified in the child's current individual treatment plan would not successfully control ~~are not successfully controlling~~ the imminently dangerous behavior. An example of this type of procedure includes, but is not limited to, momentary restriction to avoid an accidental injury.

"Behavior intervention and de-escalation techniques" refers to the systematic application of ~~the principles of human learning as a means of influencing an individual's conduct by~~ methods and empirical findings designed to influence the behavior of one or more individuals through techniques (e.g., token economies and point systems) that ~~which~~ have been approved in compliance with the requirements set forth in Section 384.30 ~~384.50~~.

"Behavior management techniques" are techniques that ~~which~~ prevent or limit an individual's ability to initiate or continue presenting some specific dangerous behaviors. Behavior management techniques include manual ~~physical~~ restraint, seclusion ~~confinement~~, ~~the use of psychotropic drugs, secure residential care,~~ and other restrictive procedures approved in compliance with the requirements of Section 384.30 ~~384.50~~. Examples of this type of procedure include, but are not limited to, the re-direction of a child and/or manual restraint.

"Behavior Treatment Committee" means a professional review or behavior treatment review ~~management~~ committee formed by one or more child care facilities and composed of persons with technical expertise in the use

of crisis prevention ~~intervention~~, behavior intervention, and behavior management techniques. At least one member ~~20%~~ of the committee must be a person ~~persons~~ who is not an owner, employee, principal shareholder owning at least 5% of the stock of the corporation, or member of the governing body of any of the participating child care facilities. ~~have no professional or financial interest in any of the participating child care facilities.~~ This committee fulfills a quality assurance function and reviews for technical acceptability the use of a facility's applicable behavior treatment ~~all intervention~~ procedures that have been outlined in the facility's Behavior Treatment Plan ~~which involve the systematic application of behavioral technology~~. This would include a retrospective examination of at least 13% of all interventions, or 25% of all interventions in the case of programs with fewer than 25 total residents, and all grievances submitted concerning the use of restrictive interventions to determine ~~determining~~ whether there is a clinical basis for the use of the procedure, whether a procedure of this level is warranted, and what is the standard of best clinical practice. The committee shall meet at least once per quarter, and written documentation (i.e., minutes) of all meetings shall be maintained. A quality assurance/quality improvement committee may function as the behavior treatment committee when the committee membership meets the requirements of this Section.

"Behavior Treatment Plan" means a child care facility document that outlines to the Department all behavior treatment procedures that may be employed at the facility. The plan shall include:

. Behavioral Treatment Purpose Statement: This statement shall stipulate the facility's clinical rationale for using behavioral treatment techniques and the appropriateness and rationale for use with the populations served, as well as its intended forms (i.e., crisis prevention, behavior interventions, and/or behavior management).

. Definitions Section: This section shall identify the facility-specific definitions for all forms of behavior treatment and related procedures/protocols used by the facility.

. Behavior Treatment Restrictions: This section shall detail the behavior treatment procedures that are prohibited by the facility.

. Behavior Treatment Components: This section shall identify one of the five models of crisis intervention and behavior management currently allowable under this section and provide an outline of each specific method of crisis prevention, behavior intervention, and behavior management to be employed at the facility; a designee of the Director must independently review and recommend

any model of crisis intervention and behavior management not outlined in this section for approval by the Director before it can be employed at any facility. This section shall also include a facility's specific response to situations in which a behavior management intervention intentionally or unintentionally results in either the child and/or the staff being prone on any surface. For each identified treatment procedure, the outline shall include: the values and ultimate purpose, clinical criteria/determination process, general operational details, general overview of the quality assurance and improvement mechanisms, emergency procedures, employment and training criteria, and family/guardian notification procedures.

. Appendices: Appendices may be included, as necessary, to describe the behavior treatment techniques used by the facility.

"Chemical restraint", a prohibited practice by this Part, means the use of any psychoactive medication that is not a usual or customary part of a medical diagnostic or treatment procedure for the express purpose of restricting an individual's freedom of movement that is used during a behavioral crisis or behavioral emergency and results in the sedation of the child.

"Child for whom the Department is legally responsible" means a child for whom the Department has temporary protective custody, custody or guardianship via court order, or a child whose parents have signed an adoptive surrender or voluntary placement agreement with the Department.

"Child care facility" or "facility", as used in this Part, means a child care institution, group home, youth emergency shelter (as restricted by 89 Ill. Adm. Code 410, Licensing Standards for Youth Emergency Shelters) or any other facility approved by the Department to use manual ~~physical~~ restraint or seclusion ~~confinement~~.

"Child care supervisor" means a person who supervises those persons whose primary responsibility is daily care of children, known as child care staff, and who are qualified in accordance with 89 Ill. Adm. Code 404.13.

"Child welfare supervisor" means a person with a Masters of Social Work degree from an accredited school of social work or an equivalent Masters degree in a human services field and two years of full time supervised experience in a social work setting. At least one child welfare supervisor in a facility shall have at least two years of experience as a supervisor.

~~"Confinement" means isolating a child alone in a specifically~~

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

~~designated-room-to-assist-the-child-in-regaining-self-control,-subject to-the-detailed-requirements-of-Section-384.80.~~

"Dangerous behavior" means behavior that ~~which~~ is likely to result or has resulted in harm to self or others, if not immediately contained.

~~"Department"-means-the-Department-of-Children-and-Family-Services.~~

"Department" means the Illinois Department of Children and Family Services. (Section 2.02 of the Child Care Act of 1969 [225 ILCS 10/2.02])

"Developmental disability" means a disability that ~~which~~ is attributable to mental retardation, cerebral palsy, epilepsy or autism; or any other condition that ~~which~~ results in impairment similar to that caused by mental retardation and that ~~which~~ requires services similar to those required by mentally retarded persons. Such disability must originate before the age of 18 years, be expected to continue indefinitely, and constitute a substantial handicap.

"Director" means the Director of the Department of Children and Family Services.

"Discipline" means providing specific consequences for infractions of the rules of a child care facility as a means of helping children both to develop self-control and to learn they are responsible for their actions. For purposes of this Part, discipline is a behavior intervention technique.

"Extended restriction" means periods of touching or holding by direct person-to-person contact for a period of less than five minutes. Physical restriction shall not constitute manual restraint if it is accomplished with minimum force and is used to prevent a child from completing an act that is likely to result in harm to self or others or to escort a child to a quieter environment. Extended restriction must be documented in the child's record, i.e., progress notes.

"Human Rights Committee" means a group of three or more persons that includes ~~,-at-least-one-of-whom--is~~ an attorney, or access to an attorney, who understands mental health law. Members of the Human Rights Committee shall not be the owners, employees, principal shareholders owning at least 5% of the stock of the corporation, or members of the governing body of any of the participating child care facilities. ~~and--who--is--not--affiliated--in--any---way---with---the participating--child--care-facilities.~~ Human Rights Committees ~~rights committees~~ may be formed by one or more child care facilities. Human Rights Committees ~~rights--committees~~ are charged with assuring that children's rights are protected. The Committee ~~committee~~ is

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

responsible for reviewing intrusive or restrictive behavioral procedures to assure, among other things, that informed consent has been obtained, that due process is followed, that services are provided consistent with the least restrictive environment, and to broadly reflect community standards for conduct. The Committee is responsible for reviewing procedures and practices for intrusive or restrictive behavior interventions that are expressed in the child care facility's Behavior Management Plan. The Committee assures that the facility's procedures assure, among other things, that processes and practices address informed consent, due process and grievances, least restrictive practices, and appropriateness to the population served and that they broadly reflect community standards for conduct. The Committee also recommends acceptance of the facility's practices to the chief executive officer for referral to the governing body for approval. The Human Rights Committee must meet at least annually.

~~"Immediately",--as--it--relates--to-the-reporting-requirements-of-this Part,-means-as-quickly-as-possible-after-appropriate-medical-care--has been--obtained,--but-no-longer-than-24-hours-after-the-incident-in-all cases.~~

"Individual treatment plan" means the current ~~behavior~~ intervention and treatment program for a specific child that has been prepared by an interdisciplinary team that ~~which~~ may include, but is not limited to, the child, DCFS caseworker, private agency/institution caseworker, therapist ~~therapists~~ or psychiatrist, ~~and~~ foster parents and parents, as clinically and legally appropriate.

"Manual restraint" means a behavior management technique involving the use of physical contact or force, characterized by measures such as arm or body holds, subject to the provisions of Section 384.50.

"Mechanical restraint", as used in this Part, means any device (including but not limited to straight jacket, arm/leg restraints, and four-point restraints), other than personal physical force, used to directly restrict the limbs, head or body of a person. The term does not include medical restraint. Mechanical restraint may not be used in facilities licensed by the Department of Children and Family Services, except as allowable under 89 Ill. Adm. Code 411 (Licensing Standards for Secure Child Care Facilities). ~~The-term-does-not include-any-medically-prescribed-procedure-for--the--treatment--of--an existing-physical-disorder-or-the-amelioration-of-a-physical-handicap; nor--does--the--term--include--a--device-used-for-the-partial-or-total immobilization--of--a--person--for--the--purpose---of---performing---a medical/surgical---procedure--under--the--supervision--of--a--licensed physician-or-registered-nurse.~~

"Medical restraint" means a process used for the partial or total

immobilization of a person for the purpose of performing or maintaining a medical/surgical procedure under the supervision of a licensed physician or registered nurse or as a physician-ordered treatment for self-injurious behavior.

"Mental health professional (MHP)" means a person who provides services under the supervision of a qualified mental health professional (QMPH) and who possesses a bachelor's degree in human services, a practical nurse license pursuant to the Illinois Nursing and Advanced Practice Nursing Act ~~of 1987~~ [225 ILCS 65], or who has a minimum of five years supervised experience in mental health or human services. The mental health professional responsible for making clinical decisions regarding the use of manual ~~physical~~ restraint, seclusion ~~confinement~~, or other restrictive behavior management techniques shall have completed at least 15 clock hours of training in the application of the specific behavior management techniques used by the facility.

~~"Momentary" means lasting a brief time, not to exceed five minutes.~~

~~"Physical restraint" means a behavior management technique involving the use of physical contact or force, characterized by measures such as arm or body holds, subject to the provisions of Section 384.60.~~

~~"Physical restriction" means momentary periods of touching or holding by direct person to person contact of the wrist, arm, shoulder, or hand. Momentary physical restriction shall not constitute physical restraint if it is accomplished with minimum force and used to prevent a child from completing an act that is likely to result in harm to self or others or to transport a child to a quieter environment.~~

"Physician" means a person licensed in the State of Illinois to practice medicine in all of its branches.

"SASS" means screening, assessment and support services provided by agencies under contract with the Department of Children and Family Services or the Illinois Department of Human Services.

~~"Secure residential care" means a facility which is designed and operated so as to ensure that all entrances and exits from the facility, a building or a distinct part of the building are under the exclusive control of the staff of the facility, whether or not the child has freedom of movement within the perimeter of the facility, building or distinct part of the building. Such facilities use physically restricting construction including, but not limited to, locks, bolts, gates, doors, bars, fences, and screen barriers.~~

"Seclusion" means the contingent withdrawal of reinforcing stimuli by removing the child from an area to a specifically designated room from which egress is restricted. This procedure is considered a behavior management technique and as such must be used only as a therapeutic response to dangerous behavior. There are two forms of seclusion:

. Staff-assisted seclusion means the room is secured by a locking mechanism that engages only when a key, button, or handle is being held by a staff member. When that staff member takes his or her hand off the device, the door unlocks and the child is able to easily and readily open the door from the inside. The door to such a room may not/does not remain locked when unattended.

. Key-locked seclusion means the seclusion room has a locking device that remains engaged without staff presence. Key-locked seclusion is prohibited under this Part

"Self-governance program" means an organized program that ~~which~~ allows peers to participate in the discipline or behavior management of peers under the supervision and control of staff. However, peers are prohibited from participating in the manual restraint of another child. Self-governance programs shall be restricted to programs identified and recognized by the Illinois Association of Peer Treatment Agencies and the Department of Children and Family Services as using a positive peer group treatment model.

~~"Social work supervisor" means a person with a Masters of Social Work degree from an accredited school of social work or an equivalent Masters degree in a human services field and two years of full time supervised experience in a social work setting. At least one social work supervisor in an agency shall have at least two years of experience as a supervisor.~~

"Time-out" means a specific behavior intervention technique of short duration used to assist a child in regaining self-control that may be authorized by any facility staff person for a maximum of ten minutes beyond the time when the child regains self-control, if included in the facility's Behavior Treatment Plan submitted to the governing body and the Department and approved in accordance with the requirements of this Part. Staff are required to document in writing each incident of time-out that exceeds ten minutes and demonstrates consistency with the child's individual treatment plan (ITP). Any series of three or more Exclusionary Timeouts during a facility's standard work shift must be reviewed by the Child Care Supervisor within 24 hours. There are two types of time-out permitted by this Part.

. Non-exclusionary or Instructional Time-out: A procedure involving the contingent withdrawal of reinforcing stimuli, while

the child remains in the area (e.g., child is seated away from the group, but in the same area).

. Exclusionary Time-out: A procedure involving the contingent withdrawal of reinforcing stimuli by removing the child from the area (e.g., to the hallway or bedroom that does not involve a locked or restricted exit). A seclusion room may be used as a time-out room only if egress from the room remains unrestricted through closure or by staff and a child is appropriately supervised.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

Section 384.3050 Behavior Treatment ~~Intervention~~ Plans in Child Care Facilities

Each child care facility that accepts ~~child--care--facilities--which--accept~~ children for whom the Department of Children and Family Services is legally responsible shall develop a Behavior Treatment Plan that ~~a---behavior intervention-plan-which~~ describes the facility's ~~their-facilities'~~ programming. In addition, each child for whom the Department is legally responsible shall have an individual treatment plan that identifies those specific components of the overall Behavior ~~behavior~~ Treatment Plan ~~intervention-plan~~ that will be applied to that child and the specific behaviors the individual treatment plan is intended to address. All plans submitted to the Department shall be written to assure that the facility will use behavior treatment techniques in a safe, humane manner that fosters a child's self-discipline.

a) Licensed child care facilities or their supervising agency shall develop a Behavior Treatment Plan ~~a--behavior--intervention--plan~~ describing the behavior treatment ~~intervention~~ techniques, as defined in Section 384.20, to be used by the facility. This plan shall include a detailed description of:
   1) each of the facility's approved crisis prevention/intervention procedures as defined in Section 384.20;
   2) each of the facility's approved ~~daily-programming-identifying~~ specific behavior intervention techniques as defined in Section 384.20; and
   3) each of the facility's approved behavior management techniques, as defined in Section 384.20, to control actions that ~~which~~ present a danger to self or others.

b) The Behavior Treatment Plan ~~behavior--intervention--plan~~ shall be approved by the governing body of the facility and the Department (the guardian or authorized agents of the guardian). The specific requirements for the plan are set forth in subsections (c) through (e). Licensed child care facilities shall submit their written Behavior ~~behavior~~ Treatment Plans ~~intervention-plans~~ to the Department (through their licensing representative) for approval no later than

six months after the effective date of this amended Section. ~~by January--1,--1996.~~ Behavior Treatment Plans ~~intervention-plans~~ shall not be implemented until approval by the Department has been obtained. At the Director's designation and appointment, individuals familiar with acceptable practices of crisis intervention and behavior management shall review with appropriate Department licensing staff a facility's Behavior Treatment Plan. The Department shall respond in writing within 14 ~~90~~ days after receipt of the written plan with regard to approval, denial or request for amendment of the new plan.

c) The Behavior Treatment Plan ~~behavior-intervention-plan~~ shall contain the following general components:
   1) a written statement of the values and ultimate purpose in employing any treatment procedure;
   2) a detailed description of the full range of treatment ~~intervention~~ procedures or combination of procedures employed, including the operational details of the treatments ~~interventions~~ themselves;
   3) a detailed description of the facility's ~~an~~ ongoing system for collecting and reviewing monthly aggregate data that reflect the use of restrictive treatment elements, including the number of applications of seclusion ~~confinement~~ and/or manual ~~physical~~ restraint, the number of individuals whose behavior resulted in seclusion ~~confinement~~ and/or manual ~~physical~~ restraint, the names of staff members who participated in each instance of seclusion ~~confinement~~ or restraint, the range and average length of seclusion ~~confinement~~ and/or manual ~~physical~~ restraint, and unusual incidents and injuries;
   4) a procedure for handling and reporting behavior emergencies; and
   5) procedures for carrying out these provisions consistent with the needs of disabled individuals.

d) The Behavior Treatment Plan ~~behavior-intervention-plan~~ shall contain the following information regarding personnel:
   1) a description of the credentials of the personnel involved in designing, approving, implementing, monitoring and overseeing the implementation of the behavior treatment procedures ~~interventions~~;
   2) a system for required training and assuring the competency (both written and practical) of individuals involved in all facets of behavior treatment ~~intervention~~;
   3) documentation that all personnel who come into contact with children subscribe to a ~~recognized~~ Code of Ethics adopted by the governing body. The Code of Ethics must ~~can~~ be endorsed by or reflect the Codes of Ethics of a professional and reputable organization (i.e., National Association of Social Workers, Association of Public Human Service Agencies or the Department or the DCFS Office of the Inspector General) ~~but--it--must specifically-address-the-professional's-obligations-with--respect to-the-use-of-potentially-restrictive-interventions~~;

4) a policy for the discipline and/or discharge of personnel who violate the facility's policies and procedures on the use of behavior treatments ~~interventions~~;

5) a procedure providing for training and the annual certification of all persons using behavior intervention treatment techniques, including training in the areas of the physiology of respiration, the circulatory system, and the body's response to excitement and stress; and

6) a procedure for ensuring that documentation of all training and retraining in the use of behavior treatment ~~interventions~~ shall be maintained in the personnel files of staff. If the facility operates an organized self-governance program, documentation of all training and retraining of each child authorized to participate in behavior management and discipline shall be maintained in the child's case file.

e) Behavior Treatment Plans ~~intervention plans~~ shall contain a quality assurance mechanism that includes:

1) a procedure for review of the child's medical record that ~~which~~ shall contain explicit documentation by the consulting physician for the facility that there are no medical contraindications to the use of specific behavior treatment ~~intervention or behavior management~~ techniques. This assessment and documentation must be renewed following any significant change in the child's medical condition.

2) a procedure for review of any determination made by the treatment team at the child's initial case staffing as to whether any of the established behavior treatment ~~intervention or behavior management~~ procedures would be contraindicated due to psychological or developmental reasons and documentation by the team in the child's permanent record. This review and documentation shall be renewed following any significant change in the child's developmental or psychological condition and at least once per quarter as part of a treatment review.

3) a process for ~~approving,~~ monitoring and reviewing a statistically significant sample of individual treatment plans, including both a technical review by a Behavior Treatment Committee, as defined in Section 384.20, and a human rights review by a Human Rights Committee, as defined in Section 384.20;

4) a process to ensure that members of the Behavior Treatment Committee and the Human Rights Committee have been instructed in the provisions of Part 431 (Confidentiality of Personal Information of Persons Served by the Department of Children and Family Services) and that the members have signed an agreement to abide by the requirements of Part 431;

5) a policy regarding the use of restrictive behavior treatment ~~interventions or behavior management~~ techniques that identifies instances in which such procedures may be contraindicated;

6) a system where instances of behavior that are dangerous to self or others shall be brought to the attention of appropriately trained personnel for review;

7) a policy that ~~which~~ requires that unanticipated occurrences, as in emergency circumstances or repeated instances of the use of potentially restrictive treatments ~~interventions~~, be brought to the attention of appropriately trained personnel;

8) a policy for informing the child, referring agencies, parents, and guardians prior to admission concerning the behavior treatment techniques ~~interventions~~ employed by the facility and the procedures for their administration; ~~and~~

9) a procedure for obtaining the informed consent of clients/parents/guardians at intake as indicated by the client's treatment plan, except in cases of an unanticipated behavioral emergency; and

10) a policy providing that the child's parents ~~parent(s)~~ (unless parental rights have been terminated), guardian, and attorney shall be advised of their right to be notified of each instance of manual ~~physical~~ restraint or seclusion ~~confinement~~.

f) The facility shall establish policies and procedures designed to ensure that individual treatment plans are developed, implemented and reviewed in accordance with current standards of acceptable behavior practice. At a minimum, these policies and procedures shall provide as follows:

~~1) every individual's treatment plan shall include positive reinforcement for adaptive, socially acceptable behavior;~~

1) relevant individual client strengths, adaptive and maladaptive behaviors will be defined and quantified for non-emergency circumstances before any program that ~~which~~ includes potentially restrictive elements, such as manual ~~physical~~ restraint and seclusion ~~confinement~~, is implemented. The quantification of relevant target behaviors or a functional analysis shall be an ongoing and integral part of the pre-treatment, treatment and post-treatment process;

2) every individual's treatment plan shall include positive reinforcement strategies for adaptive, socially acceptable behavior;

3) satisfactory evidence that maladaptive behaviors under consideration for treatment are not the result of medical/physical problems that would contraindicate behavior treatment ~~interventions~~;

4) for any child posing documented medical or clinical risk factors that may be negatively impacted by the use of specific behavior treatment techniques, a licensed physician or registered/licensed nurse must conduct a physical exam of the child during each application of the procedures, with documentation of the examination to be noted in the medical record;

5) not less than quarterly review of potentially restrictive elements included in individual treatment plans with

consideration given to decreasing and eventually discontinuing those program elements; and

65) provisions shall be included in individual treatment plans for the maintenance and generalization of adaptive behaviors.

g) Behavior treatment ~~intervention~~ policies shall be reviewed and approved at least every three ~~two~~ years by the governing body of the facility and the Department.

h) The governing body of the facility and the Department must approve any amendments to the plan ~~additional techniques~~ before they are implemented.

i) Child care facilities may appeal adverse licensing decisions concerning the approval of their Behavior Treatment Plan ~~behavior intervention plan~~ pursuant to 89 Ill. Adm. Code 383~~:~~ (Licensing Enforcement).

(Source: Old Section 384.30 renumbered to Section 384.45; new Section 384.30 renumbered from Section 384.50 and amended at 25 Ill. Reg. _____, effective _____)

Section 384.40 Limitations of Discipline (Repealed)

~~a) No child shall be subjected to discipline that is out of proportion to the particular inappropriate behavior; nor shall a child be subjected to discipline that is initiated more than 24 hours after facility child care staff learn of the inappropriate behavior.~~

~~b) No child shall be subjected to discipline by the child's peers except as part of an organized self governance program approved through Section 384.90.~~

~~c) No child shall be subjected to group discipline because of the misbehavior of another member of the group unless group discipline is part of an approved self governance program under Section 384.90.~~

~~d) No child shall be subjected to verbal abuse, threats or derogatory remarks under any circumstances.~~

~~e) No child shall be subjected to corporal punishment under any circumstances.~~

~~f) No child shall be deprived of a meal or part of a meal as discipline. However, special between meal treats may be withheld as a disciplinary measure.~~

~~g) No child shall be deprived of visits or weekly telephone contacts with family, attorneys, or their legal assistants, his or her assigned caseworker or persons who have established a parenting bond with the child as discipline.~~

~~h) No child shall be deprived of clothing or sleep as discipline.~~

~~i) No child shall be subjected to mechanical restraints under any circumstances, except as provided in Section 384.70.~~

~~j) No child shall be deprived of items necessary for personal hygiene (e.g., toothpaste, toothbrush, soap, comb, etc.) as discipline.~~

~~k) No child shall be deprived of an opportunity for a daily shower or bath and access to toilet and water fountain as discipline.~~

~~l) No child shall be subjected to unclean and unsanitary living conditions as discipline.~~

~~m) No child shall be deprived of health care, including counseling, as discipline.~~

~~n) No child shall be deprived of exercise, assigned excessive exercise, forced to take an uncomfortable position, or assigned strenuous or harsh work, including work which is beyond the physical, mental, or emotional capacity of the child.~~

~~o) No child shall be deprived of a right to receive and send uncensored mail as discipline. However, if a child care facility suspects that a child is sending or receiving contraband materials via the mail, the child may be required to open the mail in the presence of staff so the contents may be examined for contraband.~~

~~p) No child shall be deprived of an opportunity to attend religious services and/or religious counseling of his/her choice as discipline.~~

~~q) No child shall be disciplined for toilet accidents.~~

~~r) No child shall be subjected to any behavior management techniques as discipline. See Sections 384.50 384.100.~~

~~s) In addition to all other prescribed discipline as set forth in this Part, no child shall be subjected to cruel or unusual punishment under any circumstances.~~

(Source: Repealed at 25 Ill. Reg. _____, effective _____)

Section 384.4530 Behavior Intervention Requirements for the Use of Discipline

a) Discipline may only be used to help a child develop self-control and learn to assume responsibility for his or her own actions.

b) In order to help a child know the rules of a child care facility, each facility shall have simple, understandable rules for both children and staff. The rules shall set the limits of behavior required for the protection of the group. The rules shall be explained orally in the child's primary language or preferred mode of communication and a written copy in the child's primary language or preferred mode of communication shall be given to each child at the time the child is admitted to the facility.

c) Each staff member shall receive training in the rules of the child care facility and shall be given a written copy of the rules prior to starting active service.

d) With respect to all discipline as described below in subsections (e)(1) through (e)(5):

1) prior to the application of the discipline, the child shall be informed of the rule infraction;

2) prior to application of the discipline, the reasons for, the nature of, and duration of the discipline shall be explained to the child;

3) the case record shall contain documentation ~~a summary~~ of the discipline applied, specifying the conduct of the child leading to the discipline and the nature and duration of the discipline; and

4) the administrator of the facility or designee shall review all discipline applied on individual children within 48 hours after administration of the discipline. The reviewer shall not be the individual who imposed the disciplinary measure. The administrator of the facility or designee shall approve or disapprove of the discipline imposed and shall indicate review and approval/disapproval by signing and dating the report of discipline. If the administrator or designee disapproves of the discipline imposed, the administrator or designee shall state the reasons for disapproval and shall correct the use of improper disciplinary techniques.

e) Acceptable discipline for the purpose of this Section includes:

1) assigning special or additional tasks for periods not to exceed one month;

2) temporary removal of privileges (e.g., electronic entertaining equipment ~~television, radio or record player~~, special activity outside the facility) for periods not to exceed one month;

3) withholding a child's personal spending money~~, except as limited by Sections 384.40 (h) and (j),~~ under the following circumstances:

A) for reasonable restitution for damages done by the child; or

B) for breaking the rules after the child had been given an oral warning that his/her spending money will be reduced for the infraction. Spending money may not be withheld for more than one month as discipline for a rules infraction.

i) When a child's spending money has been withheld because he or she ~~he/she~~ has broken a rule, the caregiver ~~caretaker~~ shall give the child opportunities to earn the money back and shall explain to the child how the money can be earned back. The facility shall keep complete records of all spending money that ~~which~~ was withheld and any payments to the child.

ii) If a child fails to earn back the spending money before his or her discharge from the facility, the withheld spending money must be given to the child's parent or guardian;

4) restriction to the child's sleeping quarters or room under reasonable supervision (as defined by the individual treatment plan) for periods not to exceed three hours per day; or

5) restriction to the premises or specified areas of the premises for periods not to exceed three days.

f) No child shall be subjected to discipline that is out of proportion to the particular inappropriate behavior, nor shall a child be subjected to discipline that is initiated more than 24 hours after facility staff learn of the inappropriate behavior.

g) No child shall be subjected to discipline by the child's peers except as part of an organized self-governance program approved through Section 384.80.

h) No child shall be subjected to discipline because of the misbehavior of another member of the group unless discipline of the group is part of an approved self-governance program under Section 384.80.

i) No child shall be subjected to verbal abuse, threats, or derogatory remarks about him/her or his/her family under any circumstances.

j) No child shall be subjected to corporal punishment under any circumstances.

k) No child shall be deprived of food (e.g., a meal, a part of a meal, a snack) as discipline.

l) No child shall be deprived of visits or weekly telephone contacts with family, attorneys or their legal assistants, assigned caseworkers or other persons who have established a parenting bond unless otherwise indicated for clinical or safety reasons (as documented in the record by way of guardian signature).

m) No child shall be deprived of clothing as discipline unless otherwise indicated for clinical or safety reasons.

n) No child shall be deprived of sleep as discipline.

o) No child shall be deprived of items necessary for personal hygiene (e.g., toothpaste, toothbrush, soap, comb, etc.) as discipline.

p) No child shall be deprived of an opportunity for a daily shower or bath, access to toilet and water fountain as discipline.

q) No child shall be subjected to unclean and unsanitary living conditions as discipline.

r) No child shall be deprived of health care, including counseling, as discipline.

s) No child shall be deprived of exercise, assigned excessive exercise, forced to take an uncomfortable position, or assigned strenuous or harsh work, including work that is beyond the physical, mental, or emotional capacity of the child.

t) No child shall be deprived of a right to receive and send uncensored mail as discipline. However, if a child care facility suspects that a child is sending or receiving contraband materials via the mail, the child may be required to open the mail in the presence of staff so the contents may be examined for contraband.

u) No child shall be deprived of an opportunity to attend religious services and/or religious counseling of his/her choice as discipline.

v) No child shall be disciplined for toilet accidents.

w) No child shall be subjected to behavior management procedures (e.g., restraint, seclusion, etc.) as discipline.

x) No child shall be deprived of educational services as discipline.

y) In addition to all other prescribed discipline as set forth in this Part, no child shall be subjected to cruel or unusual punishment under any circumstances.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

(Source: Section 384.45 renumbered from Section 384.30 and amended at 25 Ill. Reg. _____, effective _____)

Section 384.5060 Behavior Management Requirements for the Use of Manual Restraints ~~Physical Restraints~~

Each application of manual ~~Physical~~ restraint may be used only as a therapeutic measure when a child presents a threat of physical harm to self or others. Such threat shall include any dangerous behavior reasonably expected to lead to physical harm to self or others. Manual ~~Physical~~ restraint shall not be used until after other less restrictive procedures or measures have been explored and found to be inappropriate. Manual ~~Physical~~ restraint shall not be used for a child whose medical condition, mental illness, or developmental or psychological status contraindicates the use of this technique, as documented in the child's individual treatment plan.

a) Manual ~~Physical~~ restraint may be used to prevent runaway only when the child presents a threat of physical harm to self or others, or as specified in the individual treatment plan.

b) Manual ~~Physical~~ restraint shall not be used as discipline for rule infractions or as a convenience for staff.

c) A child may not be restrained for more than 15 ~~fifteen~~ minutes beyond the point at which the child ceases presenting the specific behavior for which the restraint was ordered or any other behavior for which restraint is an appropriate intervention, unless specific clinical justification to the contrary is documented in the child's treatment plan.

~~d) No single instance of restraint may exceed 60 consecutive minutes unless a registered nurse with supervisory responsibility or a physician confirms, in writing, following an on-site, personal examination of the child, that the restraint does not pose an undue risk to the child's health in light of the child's physical or medical condition. Alternatively, the facility may transport the child to a hospital or mental health facility.~~

~~e) In no event may restraint continue for more than two hours in a 24 hour period.~~

d) For every restraint episode that exceeds 30 consecutive minutes, a registered nurse or a licensed physician must be notified and consulted by telephone or in person concerning the restraint. The licensed physician or registered nurse must confirm, in writing, the content of the consultation and document that the restraint does not pose an undue risk to the child's health given the child's physical or medical condition. At the same time, the treatment team must explore alternative treatment strategies, such as an emergency SASS if the child is thought to be in need of psychiatric hospitalization.

e) No child may be restrained for more than two hours within a 24 hour period. However, within the two hours of restraint, there may be no period of continuous restraint that exceeds one hour.

f) If a child has been in and out of manual restraint for a total of two hours, the treatment team must explore alternative treatment strategies, such as an emergency SASS or transporting the child to a hospital or mental health facility.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

~~g~~f) Manual ~~Physical~~ restraint shall be administered in such a manner as to avoid provoking further and escalating incidents of the behavior in the child.

~~h~~g) Manual ~~Physical~~ restraint shall not consist of, or be accompanied by, the use of mechanical restraints, the use of excessive or unnecessary force, or any other action that ~~which~~ produces pain, covers the head or any part of the face, or in any way restricts normal circulation and respiration of the child.

~~i~~h) When manual ~~physical~~ restraint is imposed upon any child whose primary mode of communication is sign language, the child shall be permitted to have his or her hands free from restraint for brief periods during the restraint, except when such freedom may result in physical harm to the child or others.

~~j~~i) Manual ~~Physical~~ restraint shall be employed only by persons who are certified as having successfully completed a competency based training program presenting the specific procedures to be used. This certification must be renewed through a competency based assessment at least every 12 months. Current certification of competency shall be documented in the individual's permanent personnel record. If an organized self-governance program approved by the governing body and the Department allows for peer participation, only peers having completed such training may assist with the technique. This training shall include demonstrated competency in the humane and efficient implementation of the restraint program as demonstrated in applications of the procedures on participants in the training.

~~k~~j) Application of manual ~~physical~~ restraint requires direct authorization, supervision and management by the mental health professional, as defined in Section 384.20, designated as responsible for making clinical decisions at the time restraint is applied. If this person is not present when restraint is first applied, he or she must be summoned immediately and maintain supervision and management of the restraint ~~remain present~~ until the restraint episode is concluded or he or she is relieved by a similarly qualified and clinically responsible person. Supervision of a restraint episode does not require in person supervision provided that the "mental health professional" has viewed the restraint in person and is confident that the restraint is being applied according to the facility's selected model. The "mental health professional" must review the restraint episode immediately upon conclusion of the restraint to ensure that the restraint continued and concluded in a manner that is consistent with the model and the child's interest. Each use of manual ~~physical~~ restraint shall be reported as soon as practicable and a written record forwarded within 24 hours to the administrator of the facility or designee, the assigned caseworker in the facility, and the social work supervisor. If the use of manual

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

~~physical~~ restraint results in an injury requiring emergency medical treatment by medical personnel or exceeds 60 consecutive minutes, the senior facility administrator shall be contacted immediately ~~receive an immediate report~~.

lk) The written record of manual ~~physical~~ restraint shall include: the date of the occurrence; the precipitating incidents ~~incident(s)~~; the age, height, weight, sex and race of the restrained child; the persons (including other residents) who participated in restraining the child; any witnesses to the precipitating incident and subsequent restraint; the exact methods of restraint used; the beginning and ending time of the restraint; ~~and~~ a detailed description of any injury arising from the incident or restraint; and a summary of any medical care provided. The supervisor in charge at the time of the incident and restraint shall review the report submitted by staff, inquire into any irregularities, and sign and date the written report indicating the date it was reviewed and approved or disapproved.

mk) The administrator of the facility or designee shall review all written records of manual ~~physical~~ restraint the next business day. The administrator or designee shall approve or disapprove of the use of restraint under the circumstances described and shall indicate review and approval/disapproval by signing and dating the report of behavior treatment ~~intervention~~. If the administrator or designee disapproves of this instance of manual ~~physical~~ restraint, the administrator or designee shall state the reasons for disapproval and shall correct the improper use of manual ~~physical~~ restraint. The decision concerning the need for further action, if any, should be documented whenever any of the following occurs:

1) restraint is used repeatedly excessively by any staff person;
2) restraint is used repeatedly excessively on any child;
3) the duration of the restraint exceeds 30 minutes;
4) any provision in this Part is violated; or
5) the restraint results in any injury requiring emergency medical treatment by medical personnel.

nm) Upon request, the administrator of the facility or designee shall notify the child's parents ~~parent(s)~~ (unless parental rights have been terminated), guardian or attorney in writing, within two business days, when a child is subjected to manual ~~physical~~ restraint, and shall provide such notice for any manual ~~physical~~ restraint that ~~which~~ results in injury to the child. Communication to the child's parent or guardian shall be conducted in the parent's or guardian's primary language or preferred mode of communication.

(Source: Old Section 384.50 renumbered to Section 384.30; new Section 384.50 renumbered from Section 384.60 and amended at 25 Ill. Reg. _____, effective _____)

Section 384.60~~70~~ Behavior Management Requirements for the Use of Mechanical and Medical Restraints

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

No child in a facility licensed by the Department of Children and Family Services shall be subjected to mechanical restraints ~~restraint(s)~~, as described in Section 384.20~~.,~~ ~~unless prescribed by a licensed physician for the treatment of a physical disorder, the amelioration of a physical handicap, or to perform a medical procedure.~~

(Source: Old Section 384.60 renumbered to Section 384.50; new Section 384.60 renumbered from Section 384.70 and amended at 25 Ill. Reg. _____, effective _____)

Section 384.70~~80~~ Behavior Management Requirements for the Use of Seclusion ~~Confinement~~

Seclusion ~~Confinement~~ is limited to children age ~~aged~~ six and older who have been placed in a child care facility and who pose a threat of physical harm to themselves or others. Such threat may include any dangerous behavior reasonably expected to lead to physical harm to self or others. Seclusion ~~Confinement~~ shall not be used until after other, less restrictive procedures or measures have been explored and found to be inappropriate. Seclusion ~~Confinement~~ shall not be used for a child whose medical condition, mental illness or developmental or psychological status contraindicates the use of the technique, as documented in the individual treatment plan.

a) Seclusion ~~Confinement~~ may be administered provided:

1) the use of seclusion ~~confinement~~ is under the direct management and~~,~~ supervision of a mental health professional (social worker, psychologist, psychiatrist) specifically trained in behavior management ~~and approval of clinically trained staff (i.e., social work, psychology, psychiatry, or behavior analysis)~~ who has ~~are trained and have~~ demonstrated both written and applied competency in the use of this procedure.~~,~~ Supervision of a seclusion episode does not require in person supervision provided that the "mental health professional" has viewed the seclusion in person and is confident that the seclusion is being applied according to the facility's selected model. (The "mental health professional" must review the seclusion episode immediately upon conclusion of the seclusion to ensure that the seclusion continued and concluded in a manner that is consistent with the model and the child's interest.);

2) seclusion ~~confinement~~ shall be in a room at least 40 square feet with the shortest wall at least 6 foot ~~feet~~ and with an 8 foot ~~feet~~ ceiling, which is heated, lighted, and ventilated as the other rooms of the facility. Seclusion ~~Confinement~~ rooms are to be unfurnished and may ~~are to~~ have padding that is designed specifically for use in psychiatric or similar settings and approved by the ~~or carpeting on the floors and walls up to the six foot level unless prohibited by~~ local health and ~~or~~ fire authorities ~~codes~~. Light fixtures are to be screened or recessed, and interior door knobs are to be removed. Seclusion

~~Confinement~~ rooms shall be approved by the Department's licensing unit prior to usage. The Department is authorized to waive certain space requirements that represent a minimal variance from the requirements of this subsection (a)(2). Seclusion ~~locked confinement~~ rooms must be inspected and approved under the regulations adopted by the Office of the State Fire Marshal;

3) ~~the staff person who ordered the confinement shall assign~~ a staff member trained in the use of the seclusion shall ~~confinement to~~ monitor the child by direct, in-person, visual observation on a continuous basis. A staff member assigned to monitor a child in a seclusion ~~confinement~~ room shall have this monitoring as his or her sole job duty throughout the period of seclusion ~~confinement~~ in order to ensure the child's safety while in the room, and will maintain a written record of the observations. Such observation may be through an uncovered one way mirror or regular window that ~~which~~ provides for observation of the entire room at all times, if the staff person has unimpeded access to the seclusion ~~confinement~~ room and normal daily sounds are audible;

4) a written log is to be kept of each seclusion ~~confinement~~ episode. The ~~This log will contain entries by the~~ staff member monitoring the seclusion shall make an entry in the log ~~confinement~~ at least once every ~~no more than fifteen~~ 15 minutes, ~~minute intervals~~ clearly describing the behavior of the child at that time and a clinical impression of whether the behavior requires continuation of the seclusion ~~confinement~~;

5) a child may not be kept in seclusion ~~confinement~~ more than 15 ~~thirty~~ minutes beyond the point at which the child ceases presenting the specific behavior for which the seclusion ~~confinement~~ was ordered or any other behavior for which seclusion ~~confinement~~ is an appropriate intervention;

6) no child may be kept in seclusion ~~confinement~~ longer than a total of four ~~two~~ hours in any 24 hour period. If continuous seclusion ~~confinement~~ is necessary for more than two hours, a staff clinician ~~in a 24 hour period, a mental health professional~~ shall approve continuing the seclusion ~~confinement~~ on an hourly basis with a total episode of seclusion ~~confinement~~ not to exceed four hours. The treatment team must explore alternative treatment strategies, such as an emergency SASS or transporting the child to a hospital or mental health facility. ~~, or the child shall be transported to a hospital or mental health facility. If the child exhibits behavior which places that child at medical or physical risk, a physician shall approve continuing the confinement on an hourly basis with a total episode of confinement not to exceed four hours or the child shall be transported to a hospital or mental health facility;~~

7) belts, shoes, matches, weapons, or any other object that can be used to inflict self-injury are to be taken from the child or removed from the room prior to placement of the child in the seclusion room ~~locked confinement~~ if there are indications in the child's record or the child's current behavior that such precautions are warranted;

8) children placed in seclusion ~~confinement~~ shall not be deprived of clothing (other than belts or items that ~~which~~ may be used to inflict self-injury), food, toileting, medication, or other basic living functions.~~;~~ ~~and~~

~~9) key locks may not be employed on locked confinement room doors. A staff member shall remain outside the confinement room or may remain inside the locked room at all times during which a child is confined. An automatic mechanism shall release the child from confinement in the event of a fire or other disaster.~~

b) Seclusion ~~Confinement~~ may be used to prevent runaway only when the child presents a threat of physical harm to self or others.

c) Seclusion ~~Confinement~~ shall not be used as discipline for rule infractions or for the convenience of staff.

~~d) Children with a developmental disability as their primary diagnosis shall not be placed in confinement.~~

~~e) Application of confinement requires direct supervision and management by the mental health professional designated as responsible for making clinical decisions at the time confinement is applied. If this person is not present when confinement is first applied, he/she must be summoned immediately to approve this intervention and remain available for further consultation until the episode is concluded or he/she is relieved by a similarly qualified and clinically responsible person. Each use of confinement shall be reported as soon as practicable and a written record forwarded within 24 hours to the administrator of the facility or designee, the assigned caseworker in the facility, and the social work supervisor. The administrator of the facility or designee shall approve or disapprove of the use of confinement under the circumstances described and shall indicate review and approval/disapproval by signing and dating the report. If the administrator or designee disapproves of the use of seclusion in this instance, the administrator or designee shall state the reasons for disapproval and shall correct the improper use of confinement. If the use of confinement results in an injury requiring emergency medical treatment by a physician, the administrator shall receive an immediate report.~~

d) Each use of seclusion shall be reported as soon as practicable and a written record forwarded within 24 hours to the administrator of the facility or designee, the assigned caseworker in the facility, and the social work supervisor. The administrator of the facility or designee shall approve or disapprove the use of seclusion under the circumstances described and shall indicate review and approval/disapproval by signing and dating the report. If the administrator or designee disapproves the use of seclusion in this instance, the administrator or designee shall state the reasons for disapproval and shall correct the improper use of seclusion. If the

use of seclusion results in an injury requiring emergency medical treatment by a physician, the senior facility administrator shall be notified immediately.

~~e~~f) A written report shall be created and maintained for each episode of seclusion ~~confinement~~. This report shall state the events and behavior leading to the initiation of seclusion ~~confinement~~; any additional behavior presented by the child during the seclusion ~~confinement~~ period that ~~which~~ required continuation of seclusion ~~confinement~~; the date of the occurrence; the age, height, weight, sex and race of the secluded ~~confined~~ child; the precipitating incidents ~~incident(s)~~; the persons (including other peers) who participated in secluding ~~confining~~ the child; any witnesses to the precipitating incident and subsequent seclusion ~~confinement~~; the exact methods of confinement used; the beginning and ending time of the seclusion ~~confinement~~; and a detailed description of any injury occurring as a result of the ~~this~~ incident and seclusion ~~confinement~~. The supervisor on duty at the time of the ~~this~~ incident and seclusion ~~confinement~~ shall review the ~~that~~ report submitted by the child care staff, inquire into any irregularities, and sign and date the written report indicating the date it was reviewed.

~~f~~g) Upon request, the child's parents ~~parent(s)~~ (unless parental rights have been terminated), guardian and attorney shall be notified in writing within two business days when a child remains in seclusion ~~confinement~~ for two hours or seclusion ~~confinement~~ results in injury.

g) All seclusion episodes lasting longer than 30 minutes beyond the time that indicated behaviors have ceased, or lasting longer than two hours in total, are considered highly restrictive and should be a rare occurrence. Copies of the facility's documentation of the event must be forwarded to the Department of Children and Family Services, Attention: Chief of Licensing, Central Office of Licensing, 406 E. Monroe Street, Station #60, Springfield, Illinois 62701, for an independent clinical review.

(Source: Old Section 384.70 renumbered to Section 384.60; new Section 384.70 renumbered from Section 384.80 and amended at 25 Ill. Reg. _____, effective _____)

Section 384.~~8~~090 Self-Governance Programs

a) Child care facilities may institute organized self-governance programs supervised by staff that ~~which~~ allow peers to participate in the discipline or behavior management of peers upon compliance with this Section; however, the manual restraint of a child by another child is prohibited by this Part. In an organized self-governance program, staff retain full responsibility for ensuring that all discipline or behavior management is appropriate for the circumstances and does not violate the requirements of this Part. An organized self-governance program shall not be utilized as a substitute for adequate staffing.

b) A child care facility may only implement an organized self-governance program following approval of a written plan by the child care facility's governing body and the Department. The Department will not approve a plan for an organized self-governance program unless it includes at least the following:

1) parents, guardians and children are advised of the self-governance program prior to admission to the facility;

2) the admissions policy clearly specifies the ages, behavior, functional level, and history of children to be accepted for the self-governance program. Children who do not meet the admissions policy shall not be admitted to the program;

3) facility staff have education, experience, and training directly related to the administration and delivery of services in a self-governance program;

4) the facility has developed and implemented a regular, ongoing monitoring, evaluation, and recordkeeping system for the self-governance program that ~~which~~ can demonstrate whether the program, as implemented, is consistent with the plan approved by the Department; and

5) the discharge policy clearly specifies the criteria for successful completion of the program and also specifies what attitudes and behaviors will be reason for involuntary discharge from the self-governance program. The policy must identify who in the facility has authority to approve the successful completion or the involuntary discharge of a child from the program.~~;~~ ~~and~~

~~6) the facility's peer-assisted restraint policy complies with the standards in subsection (c) and Section 384.60.~~

~~c) Peer-assisted restraint as part of a self-governance program is subject to the provisions of Section 384.60, Physical Restraints and this subsection.~~

~~1) All restraints shall be initiated only by staff certified under Section 384.60(g). Restraints shall be controlled at all times by certified staff. A certified staff member must always be present and must be the primary individual administering physical restraint to a child, with peers who have been trained in the technique acting as assistants, as needed.~~

~~2) A mental health professional, as defined in Section 384.20, shall maintain the responsibility to monitor the emotional state, level of excitability, and safety of the peer group. The principle concern of the mental health professional must be for the safety of the child and the peer group.~~

~~3) Children whose medical condition, mental illness or developmental or psychological status, as documented in the child's individual treatment plan, contraindicates the use of peer assisted restraint shall not be involved in any way with this technique.~~

~~4) Before assuming supervision of children, staff will be trained in peer assisted restraint techniques and certified under Section~~

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

~~384.60(g).--Staff will receive additional training once a year. Documentation of training and current certification shall be placed in an employee's personnel file.~~

~~5) Peer group members must be 12 years of age or older and trained in peer assisted restraint procedures, policies and philosophy before assisting in the restraint of a peer.---A procedure for discussion with the group and the child involved about a restraint incident and how the restraint could have been avoided should be implemented.~~

~~6) Only the following types of restraints are authorized:~~

~~A) Minor restraint where peers assist staff in holding the wrist, hand or arm of a sitting or standing child; or~~

~~B) Major restraint where peers assist staff in placing the child on the floor and holding the child's limbs to the floor with their hands.~~

cd) The Department's review of the plan for an organized self-governance program and any plan amendments shall be performed by a review team composed of qualified persons appointed by the Director which shall be representative of the Department and the Illinois Association of Peer Treatment Agencies. This review team shall review the plan for an organized self-governance program and any plan amendments and recommend a decision for the Director's final approval. The Department's final decision shall be made within 90 days after receipt of the complete plan for organized self-governance.

de) The written plan shall be reviewed and approved at least once every two years by the child care facility's governing body and the Department.

(Source: Old Section 384.80 renumbered to Section 384.70; new Section 384.80 renumbered from Section 384.90 and amended at 25 Ill. Reg. _____, effective _____)

Section 384.90~~110~~ Reports

Child care facilities shall report to the Department licensing authority unusual incidents regarding discipline and behavior management of children placed in the facility.

a) The facility shall report as an unusual incident:

1) any injury received by a child as a result of discipline or behavior management;

2) any 30-day period in which five or more instances of restraint and/or confinement of a specific child occurred;

3) any violation of this Part.

b) Reports shall be made in writing and postmarked within two business days after the unusual incident.

(Source: Old Section 384.90 renumbered to Section 384.80; new Section 384.90 renumbered from Section 384.110 at 25 Ill. Reg. _____, effective _____)

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

Section 384.100 Secure Residential Care (Repealed)

~~Secure residential care may be used only for alleged or adjudicated delinquents, minors who are alleged or adjudicated in contempt of valid court orders and minors admitted to the facility under, and subject to the protection of, the Mental Health and Developmental Disabilities Code (405 ILCS 35). The referring agency shall have made a determination, based on the recommendation of the psychiatrist or clinical psychologist who has personally examined the minor, that the child requires secure residential care for the child's or the community's protection.~~

(Source: Repealed at 25 Ill. Reg. _____, effective _____)

Section 384.~~110~~120 Severability of this Part

If any court of competent jurisdiction finds any Section, clause, phrase, or provision of this Part is unconstitutional or invalid for any reason whatsoever, this finding shall not affect the validity of the remaining portions of this Part.

(Source: Old Section 384.110 renumbered to Section 384.90; new Section 384.110 renumbered from Section 384.120 at 25 Ill. Reg. _____, effective _____)

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

Section 384.APPENDIX A Matrix of Behavior Treatment Techniques

Accepted Crisis Intervention and Behavior Management Models Organization/Models	Address
Crisis Intervention Training Associates (CITA)	Tom Ronquillo 1214 East Grove Street Bloomington, Illinois 61701 Phone 309.828.0010
Crisis Prevention Institute (CPI)	Crisis Prevention Institute, Inc. 3315-K North 124th Street Brookfield, Wisconsin 53005 Phone 262.783.5787
The Mandt System	The Mandt System P.O. Box 831790 Richardson, Texas 75083-1790 Phone 972.495.0755
Professional Assault Response Training (PART)	Professional Assault Response Training 619 East Main Street Carlinville, Illinois 62626 Phone 217.854.3231
Therapeutic Crisis Intervention (TCI)	Cornell University Family Life Development Center Martha Van Rensselaer Hall Ithaca, New York 14853 Phone 607.255.7794

(Source: Added at 25 Ill. Reg. _____, effective _____)

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED RULES

1) Heading of the Part: Standards of Conduct and Functional Separation

2) Code Citation: 83 Ill. Adm. Code 452

3)

Section Numbers:	Proposed Action:
452.10	New Section
452.20	New Section
452.30	New Section
452.35	New Section
452.40	New Section
452.50	New Section
452.60	New Section
452.70	New Section
452.80	New Section
452.90	New Section
452.100	New Section
452.110	New Section
452.120	New Section
452.130	New Section
452.135	New Section
452.140	New Section
452.150	New Section
452.160	New Section
452.170	New Section
452.200	New Section
452.220	New Section
452.230	New Section
452.240	New Section
452.250	New Section
452.260	New Section
452.270	New Section
452.280	New Section
452.290	New Section
452.300	New Section
452.310	New Section
452.320	New Section
452.330	New Section

4) Statutory Authority: Implementing and authorized by Section 16-119A of the Public Utilities Act [220 ILCS 5/16-119A].

5) A Complete Description of the Subjects and Issues Involved: This Part will adopt standards of conduct for Illinois electric utilities, pursuant to Section 16-119A(a) of the Public Utilities Act and rules for functional separation between the generation services and delivery services of Illinois electric utilities pursuant to Section 16-119A(b) of the Act. The purpose of these rules is the creation of efficient competition between suppliers and sellers of electric generating services and the prevention

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED RULES

of undue discrimination by electric utilities.

6) Will these proposed rules replace emergency rules currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed rules contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: These proposed amendments neither create nor expand any state mandate on units of local government, school districts, or community college districts.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments should be filed within 45 days after the date of this issue of the *Illinois Register* to:

Donna M. Caton
Chief Clerk
Illinois Commerce Commission
527 East Capitol Avenue
Springfield IL 62701
(217)782-7434

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: These rules will affect any subject electric utilities that are also small businesses as defined in the Illinois Administrative Procedure Act. These rules will not affect any small municipalities or not for profit corporations.

B) Reporting, bookkeeping or other procedures required for compliance: Reporting

C) Types of professional skills necessary for compliance: Managerial skills

13) Regulatory Agenda on which this rulemaking was summarized: January 2001

The full text of the Proposed Rules begins on the next page:

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED RULES

TITLE 83: PUBLIC UTILITIES
CHAPTER I: ILLINOIS COMMERCE COMMISSION
SUBCHAPTER c: ELECTRIC UTILITIES

Part 452
STANDARDS OF CONDUCT AND FUNCTIONAL SEPARATION

SUBPART A: FUNCTIONALLY SEPARATED UTILITY RULES

Section
452.10 Applicability
452.20 Definitions
452.30 Independent Functioning
452.35 Physical Separation
452.40 Restricted Physical Access
452.50 Emergency Exception
452.60 Identification of Systems Functions and Employee Positions
452.70 Employee Transfers
452.80 Access to, Disclosure of, or Receipt of, Electric Utility Transmission and Distribution Information
452.90 Information Provided to the Transmission and Distribution Function by a Non-Affiliated ARES, Another Electric Utility, Customer of Non-Affiliated ARES or Another Electric Utility, or Retail Customer
451.100 Customer Information
452.110 Marketing and Advertising
452.120 Tying
452.130 Non-Discriminatory Provision of Delivery Services and Ancillary Services in Transactions Involving the Generation Services Function
452.135 Cross-Subsidization
452.140 Waivers
452.150 Complaint Procedures
452.160 Penalty Provisions
452.170 Implementation Plans

SUBPART B: INTEGRATED DISTRIBUTION COMPANY RULES

Section
452.200 Definitions
452.220 Integrated Distribution Company Implementation Plan
452.230 Permissible and Impermissible Integrated Distribution Company Services
452.240 Advertising, Marketing, and Customer Retention Efforts
452.250 Integrated Distribution Company Rate and Price Conditions
452.260 Information Provided to the Integrated Distribution Company by an Affiliated or Non-Affiliated Alternative Retail Electric Supplier, Another Electric Utility, Customer of Affiliated or Non-Affiliated Alternative Retail Electric Supplier or Another Electric Utility, or Retail Customer of the Integrated Distribution Company

AUTHORITY: Implementing and authorized by Section 16-119A of the Public Utilities Act [220 ILCS 5/16-119A].

SOURCE: Adopted at 25 Ill. Reg. _____, effective _____.

SUBPART A: FUNCTIONALLY SEPARATED UTILITY RULES

Section 452.10 Applicability

An electric utility shall be subject to Subpart A or Subpart B of this Part. Subpart A shall apply to each electric utility conducting operations in Illinois that is not otherwise approved to operate as an Integrated Distribution Company pursuant to Subpart B. Any electric utility subject to Subpart A whose principal service area is not in Illinois shall be exempt from Sections 452.30, 452.35, 452.40 and any other Section of Subpart A in which exemption is expressly provided. Subpart B of this Part is an option available to electric utilities that elect to become subject to Subpart B and that are approved to operate as an Integrated Distribution Company pursuant to Subpart B.

Section 452.20 Definitions

"Act" means the Public Utilities Act [220 ILCS 5].

"Administrative support" means employees and other persons, equipment and systems used to provide administrative support to both the transmission and distribution system and the generation services function of the electric utility. Administrative support includes administrative services (including travel administration, security, printing, graphics, custodial services, secretarial support, mail services, and records management), financial management services (including accounting, treasury, internal audit, tax, and financial reporting and planning), data processing, share-holder services, human resources, employee benefits, regulatory affairs, legal services, lobbying, strategic planning and similar administrative support items.

"Affiliated interest" has the same meaning as in Section 7-101(2) of the Act [220 ILCS 5/7-101(2)].

"Alternative Retail Electric Supplier" or "ARES" has the same meaning as in Section 16-102 of the Act [220 ILCS 5/16-102]. ARES may be singular or plural.

"Ancillary services" means those services specified as ancillary services in each electric utility's delivery services tariff as approved by the Illinois Commerce Commission (Commission).

"Company leadership" means officers, directors, and managers with senior level oversight or governance responsibility (i.e., executive functions) for both the T & D function and the generation services function of the electric utility.

"Delivery services" has the same meaning as in Section 16-102 of the Act [220 ILCS 5/16-102].

"Delivery services employee" means any transmission and distribution function employee or other person who operates, directs, organizes or plans the provision of delivery services, administers the delivery services tariff, processes or executes delivery services transactions, or performs system design or configuration, system operations or business planning for the provision of delivery services.

"Electric utility" has the same meaning as in Section 16-102 of the Act [220 ILCS 5/16-102].

"Generation function" means all divisions, departments, sections, parts, units and facilities (other than transmission and distribution facilities) used by the electric utility to provide generation services. The generation function includes both the mandatory generation function and the merchant generation function.

"Generation services" or "generating services" means the production, purchase, or marketing for retail sale, or the retail sale, of electric power or energy. Generation services include mandatory generation service and merchant generation service.

"Generation function employee" means any electric utility employee or other person performing work for the generation function.

"Mandatory generation function" means all divisions, departments, sections, parts, units and facilities of the electric utility's generation function engaged in the marketing and retail sale of mandatory generation services.

"Mandatory generation function employee" means any electric utility employee or other person performing work for the mandatory generation function.

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED RULES

"Mandatory generation services" means any services that an electric utility must offer pursuant to Section 16-103(a) and (c), Section 16-107 and Section 16-110 of the Act [220 ILCS 5/16-103(a) and (c), 16-107 and 16-110] and shall not be construed to include any services provided pursuant to tariffs or contracts authorized by Section 9-102.1 of the Act [220 ILCS 5/9-102.1] or services provided pursuant to contracts filed with, and approved by, the Commission under Section 9-201 of the Act [220 ILCS 5/9-201].

"Merchant generation function" means all divisions, departments, sections, parts, units and facilities of the electric utility's generation function engaged in the marketing and retail sale of merchant generation services.

"Merchant generation function employee" means any electric utility employee or other person performing work for the merchant generation function.

"Merchant generation services" means any generation service offered by an electric utility at retail to its customers that is not a mandatory generation service. Merchant generation services include, but is not limited to:

generation services provided pursuant to Sections 9-102.1, 16-106, and 16-116 of the Act [220 ILCS 5/9-102.1, 16-106, and 16-116]; and

any contracts filed with and approved by the Commission pursuant to Section 9-201 of the Act [220 ILCS 5/9-201].

"Non-affiliated ARES" means an ARES that is not an affiliated interest of the electric utility.

"Power purchase option" means the power purchase options set out in Section 16-110 of the Act [220 ILCS 5/16-110] for delivery services customers.

"Principal service area" means the geographic area in which, or customers for which, an electric utility directly uses its transmission or distribution facilities to accomplish the delivery of retail power or energy. An electric utility shall be deemed to have its principal service area in Illinois if either a majority (i.e., more than 50.0%) of the geographic area in which, or a majority of the customers for which, it directly uses its transmission or distribution facilities to accomplish the delivery of retail power or energy is located in Illinois. Notwithstanding any other portion of this definition, this Part shall also apply to any successor of any electric utility subject to the requirements of Section 16-119A of the

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED RULES

Act as of December 16, 1997 and to any electric utility that subsequently provides transmission and distribution directly to the geographic area or the retail customers of any electric utility subject to Section 16-119A of the Act as of December 16, 1997.

"Transmission and distribution function" or "T&D function" means all divisions, departments, sections, parts, units, and personnel of the electric utility responsible for transmission and distribution facilities or delivery services. This function includes, without limitation, the provision to any entity of services that are necessary for the transmission and distribution system to function in order to effect the delivery or sale of power and/or energy to retail consumers.

"Transmission and distribution function employee" means any electric utility employee or other person performing work for the transmission and distribution function.

Section 452.30 Independent Functioning

a) Except and only insofar as necessary under Section 452.50 of this Part or required by regulatory or judicial order, an electric utility's transmission and distribution function and its generation services function providing generation services to Illinois customers shall operate independently of each other.

b) Except and only insofar as necessary under Section 452.50 of this Part, no generation services function employee of an electric utility providing generation services to Illinois customers shall provide delivery services. No transmission and distribution function employee of the electric utility shall provide generation services.

c) Except and only insofar as necessary under Section 452.50 of this Part, the transmission and distribution function employees and generation services function employees of an electric utility providing generation services to Illinois customers shall not be jointly employed by both the transmission and distribution function and the generation services function.

d) Company leadership and administrative support may be jointly employed by an electric utility's delivery services function and generation services function and may provide leadership and support for both functions. However, company leadership and administrative support shall not be used, or allowed, by the electric utility to circumvent any provision of Section 452.80, 452.90, 452.100, or 452.110 of this Part.

Section 452.35 Physical Separation

a) Delivery services employees shall be physically separated from merchant generation function employees who provide generation

services to Illinois customers. This physical separation requirement may be met by:

1) locating delivery services employees in separate secured access office buildings; or
2) constructing and maintaining secured access areas and secured access facilities for delivery services employees within shared office buildings.

b) Physical separation of delivery services employees from mandatory generation function employees shall not be required. In no event, however, shall mandatory generation services employees be used, or allowed, by the electric utility to circumvent any provision of Sections 452.80, 452,90, 452.100, or 452.110 of this Part. The Commission may require the physical separation of delivery services employees from mandatory generation function employees if the Commission, taking into account Section 16-119A(c) and (d) of the Act [220 ILCS 5/16-119A(c) and (d)], determines after a hearing upon complaint or on its own motion that:
   1) An electric utility has violated any provision of Section 452.80, 452.90, 452.100, or 452.110 of this Part; and
   2) Such physical separation would better accomplish the non-discrimination and efficient competition goals of Section 16-119A of the Act [220 ILCS 5/16-119A].

c) Physical separation of transmission and distribution function employees other than delivery services employees from any generation services function employees shall not be required. In no event, however, shall such other transmission and distribution function employees be used, or allowed, by the utility to circumvent any provision of Section 452.80, 452.90, 452.100 or 452.110 of this Part. The Commission may require the physical separation of such other transmission and distribution function employees from any or all generation services function employees if the Commission, taking into account Section 16-119A(c) and (d) of the Act [220 ILCS 5/16-119A(c) and (d)], determines after hearing upon complaint or on its own motion that:
   1) An electric utility has violated any provision of Section 452.80, 452.90, 452.100, or 452.110 of this Part; and
   2) Such physical separation would better accomplish the non-discrimination and efficient competition goals of Section 16-119A of the Act [220 ILCS 5/16-119A].

Section 452.40 Restricted Physical Access

a) Except and only insofar as necessary under Section 452.50, or as required by regulatory or judicial order, and in addition to the requirements of Section 452.35(a), no merchant generation function employee who provides generation services to Illinois customers shall be permitted physical access to the electric utility's system control center, system communications facilities, computer systems,

information systems, data storage, office space, file cabinets, office equipment or any other facilities, equipment or systems used by the transmission and distribution function that differs in any way from the access available to non-affiliated ARES. The requirement of this subsection shall work in conjunction with Section 452.35(a) through physical separation or secured access facilities or mechanisms.

b) Physical access by mandatory generation function employees to the electric utility facilities, equipment or systems described in subsection (a) that differs from the physical access provided by the electric utility to non-affiliated ARES shall be permitted. In no event, however, shall mandatory generation function employees circumvent, or be used or allowed by the electric utility to circumvent, any provision of Section 452.80, 452.90, 452.100, or 452.110 of this Part. The Commission may limit or prohibit such physical access if the Commission, taking into account Section 16-119A(c) and (d) of the Act [220 ILCS 5/16-119A(c) and (d)], determines after hearing upon complaint or on its own motion that:
   1) An electric utility has violated any provision of Section 452.80, 452.90, 452.100, or 452.110 of this Part; and
   2) Such limited or prohibited physical access would better accomplish the non-discrimination and efficient competition goals of Section 16-119A of the Act [220 ILCS 5/16-119A].

c) Physical access by company leadership or administrative support to the electric utility facilities, equipment or systems described in subsection (a) shall not be restricted. In no event, however, shall company leadership or administrative support circumvent, or be used or allowed by the utility to circumvent, any provision of Section 452.80, 452.90, 452.100, or 452.110 of this Part.

Section 452.50 Emergency Exception

a) In anticipation of impending emergencies and in times of actual emergency affecting the public health and safety or electric system integrity and reliability, electric utilities may take any actions necessary to protect the public and the electric system. If under normal non-emergency circumstances, those actions would constitute violations of this Part, the utility shall file written reports as specified in this Section.

b) An electric utility shall file an initial written report with the Commission within 24 hours after reliance on the authority in subsection (a) notifying the Commission of such action.

c) Within 24 hours after notifying the Commission, the utility shall notify non-affiliated ARES on the internet site described in Section 452.80(e) of this Part.

d) Within seven days after initiating reliance on the authority in subsection (a), or within two days after terminating reliance on the authority in subsection (a), whichever is later, the electric utility shall file a full written report with the Commission. The full written

report shall explain the nature and extent of the emergency, including how and why the emergency arose. This report shall also list and describe each action the electric utility took that, under normal non-emergency circumstances, would constitute a violation of this Part. The initial and full written reports shall be available to the public on an appropriate internet site.

Section 452.60 Identification of Systems Functions and Employee Positions

a) Each electric utility shall designate and specifically identify every division, department, section, part, or unit of the electric utility responsible for its transmission and distribution function. Every such division, department, section, part, unit or portion thereof engaged exclusively in delivery services shall be identified as such.

b) Each electric utility shall designate and specifically identify every division, department, section, part, or unit of the electric utility responsible for its generation function.

c) Each electric utility shall maintain a current list of all transmission and distribution function employee positions by job title and job description. Delivery services employee positions shall be identified as such on the list. Delivery services employees and their direct supervisors shall be identified on the list by name. The current list of transmission and distribution function employee positions shall be available for Commission inspection and shall be made available to the public with names encoded upon written request.

d) Each electric utility shall maintain a current list of all generation function employee positions by job title and job description. Mandatory generation function employee positions and merchant generation function employee positions shall be identified as such on the list. Merchant generation function employees and their direct supervisors shall be identified on the list by name. The current list of generation function employee positions shall be available for Commission inspection and shall be made available to the public, with names encoded, upon written request.

e) Each electric utility shall maintain a current list of all company leadership identifying each employee thereon by name, job title and job description. The current list of company leadership employees shall be available for Commission inspection and shall be made available to the public, with names encoded, upon written request.

f) Each electric utility shall maintain a current list of all administrative support positions by job title and job description. The current list of administrative support positions shall be available for Commission inspection and shall be made available to the public upon written request.

g) Each electric utility shall maintain a current organizational chart of the transmission and distribution function that shall show the official relationship among all transmission and distribution function employee positions, including delivery services employee positions, company leadership positions, and administrative support positions. The current transmission and distribution function organizational chart shall be available for Commission inspection and shall be made available to the public upon written request.

h) Each electric utility shall maintain a current organizational chart of the generation function that shall show the official relationship among all generation function employee positions, including mandatory generation function employee positions, merchant generation function employee positions, company leadership positions, and administrative support positions. The current generation function organizational chart shall be available for Commission inspection and shall be made available to the public upon written request.

Section 452.70 Employee Transfers

a) Electric utility employees engaged in either the transmission and distribution function or the generation services function are not precluded from transferring between these organizations provided that the transfer is not used, or allowed, to circumvent any provision of Section 452.80, 452.90, 452.100, or 452.110 of this Part.

b) A transmission and distribution function employee who transfers to the electric utility's generation function shall not provide to the generation function any information that the generation function would otherwise be prohibited from obtaining from the transmission and distribution function under this Part.

c) Employee transfers from the electric utility's transmission and distribution function to its generation function must be recorded in a log. The information to be logged shall include the name of the transferring employee, all job titles involved in the transfer, and the effective date of the transfer. Plural transfers by an employee within a 12-month period, and the reasons for those transfers, shall be entered in a separate section of the log. The entry in the log shall be made within 24 hours after the effective date of the transfer. Entries in the log shall be retained for three years. The log shall be available for Commission inspection and shall be made available to the public, with names encoded, upon written request.

Section 452.80 Access to, Disclosure of, or Receipt of, Electric Utility Transmission and Distribution Information

a) The information covered by this Section shall include transmission or distribution construction plans, transmission or distribution abandonment plans, planned transmission or distribution system upgrades, downgrades, or modifications, planned transfer or sale of transmission or distribution facilities, transmission or distribution maintenance or outage plans or schedules, transmission or distribution forced outage data, historic transmission or distribution outage and restoration data, availability of transmission capacity, transmission

or distribution facilities ratings, availability of ancillary services, forecasted or scheduled new customer interconnection information, customer emergency curtailment information and any other information that is directly related to the availability or quality of delivery services or the transmission and distribution system.

b) Except and only insofar as necessary under Section 452.50, or as required by regulatory or judicial order, no electric utility merchant generation function employee providing services to Illinois customers shall have access to or receive any information described in subsection (a) that is not equally accessible and available to non-affiliated ARES.

c) If any information described in subsection (a) is accessible to or received by a merchant generation function employee in violation of subsection (b) or (c), the electric utility shall immediately post that information on the internet site pre-specified and publicized as provided in subsection (e). The electric utility shall keep a log listing and describing all such instances. The log shall be available for Commission inspection and shall be made available to the public upon request. Entries in the log shall be retained for three years.

d) Any non-affiliated ARES or any customer may submit to the person in charge of the electric utility's transmission and distribution function a written request for the information to be posted pursuant to subsection (d). In acknowledging receipt of such standing requests, each electric utility shall inform the requester of the internet site where the information to be posted pursuant to subsection (d) can be found.

Section 452.90 Information Provided to the Transmission and Distribution Function by a Non-Affiliated ARES, Another Electric Utility, Customer of Non-Affiliated ARES or Another Electric Utility, or Retail Customer

a) The information covered by this Section shall include any data or information provided to the electric utility's transmission and distribution function by a non-affiliated ARES, another electric utility, a customer of a non-affiliated ARES or another electric utility, or a retail customer.

b) No electric utility generation function employee shall have access to or receive any information described in subsection (a) unless verifiably authorized to do so by the non-affiliated ARES, other electric utility, customer of non-affiliated ARES or other electric utility, or retail customer, or unless required by tariff or by regulatory or judicial order. Nothing in this subsection (b) shall be construed as prohibiting mandatory generation function employees from accessing or receiving information furnished to the transmission and distribution function by an existing customer that is necessary to the continued provision of mandatory generation services to that customer.

c) If any information described in subsection (a) is accessible to or received by a generation services function employee of the electric

utility in violation of subsection (b), the electric utility shall notify the non-affiliated ARES, other electric utility, customers of non-affiliated ARES or other utility, or retail customer, whose data or information was disclosed, and the Commission's Energy Division Manager or his/her delegate, within 24 hours. The electric utility shall keep a log of all such instances. The log and entries in the log shall be kept confidential unless the Commission, after notice and hearing, determines that the data or information is not entitled to confidentiality. Entries in the log shall be retained for three years. The Commission or the electric utility shall inform the public, upon request, of the number of entries in the log.

Section 452.100 Customer Information

a) No electric utility merchant generation function employee shall have access to or receive any customer-specific billing, usage, or load shape data to the electric utility's generation service merchant except as permitted in subsection (b).

b) Upon the verifiable request of a retail customer or of the electric utility's merchant generation function, if it provides verifiable authorization and is acting as the customer's agent, an electric utility merchant generation function shall receive customer-specific billing, usage, or load shape data from its merchant generation function in the same form and fashion as such information would be provided to non-affiliated ARES in similar circumstances. The merchant generation function shall be charged the same type of reasonable fee for the provision of customer-specific data that the electric utility charges to any non-affiliated ARES for similar customer-specific information under Section 16-122(a) of the Act [220 ILCS 5/16-122(a)].

c) An electric utility's merchant generation function may receive information concerning the usage, load shape curve or other general characteristics of customers by rate classification. Generic information by rate classification, however, shall not be provided to the electric utility's merchant generation function in a discriminatory manner. No preference shall be provided to the electric utility's merchant generation function over non-affiliated ARES that make requests for such generic information by rate class under Section 16-122(b) of the Act [220 ILCS 5/16-122(b)]. The merchant generation function shall be charged the same type of reasonable fee for the provision of generic information by rate classification that the electric utility charges to any non-affiliated ARES for similar generic information by rate classification under Section 16-122(b) of the Act [220 ILCS 5/16-122(b)].

Section 452.110 Marketing and Advertising

a) No electric utility shall allow joint advertising or joint marketing by its transmission and distribution function employees and generation

function employees, nor may any product or service offered by its merchant generation function be advertised or marketed with any product or service offered by its transmission and distribution function. However, the advertising of mandatory generation services is not prohibited by this Part so long as there is no direct or indirect involvement in such advertising by transmission and distribution function employees.

b) Upon written request by a customer or potential customer, an electric utility's transmission and distribution function employees may accompany generation function employees at a meeting with the customer or potential customer; provided that transmission and distribution function employees are prohibited from requesting the customer's or potential customer's patronage for any generation service. An electric utility's transmission and distribution function shall process all requests for, and schedule and participate in, joint meetings under this subsection in the same manner as it would upon written request from a customer or potential customer of a non-affiliated ARES or another electric utility. Upon violation of the requirements or prohibitions in this subsection, the Commission may prohibit transmission and distribution function employees from accompanying generation function employees at meetings with customers or potential customers. The penalty shall be in addition to or in lieu of any penalty imposed by the Commission pursuant to Section 452.160 of this Part.

c) Nothing in subsection (a) shall be construed as prohibiting an electric utility's generation function from using the corporate name or logo of the electric utility or electric utility holding company.

d) Every electric utility shall distribute a copy of Section 452.130 of this Part or such other notice as the Commission may require to each of its customers. The distribution shall occur on the effective date of this Part, or on or before the date on which a customer becomes eligible to take delivery services, whichever is later.

Section 452.120 Tying

No electric utility shall tie, as defined by State and federal anti-trust laws:

a) the provision of any delivery services to the taking of any goods and services from the electric utility's generation function; or

b) the provision of any mandatory generation service to the taking of any other product or service offered by the utility.

Section 452.130 Non-Discriminatory Provision of Delivery Services and Ancillary Services in Transactions Involving the Generation Services Function

a) Electric utility transmission and distribution function employees shall strictly enforce all tariff provisions relating to delivery services (regardless of whether dealing with the electric utility's generation services function, affiliated interests, or non-affiliated

ARES) if these tariff provisions do not provide for the use of discretion.

b) If provisions of delivery services tariffs allow for discretion, electric utility transmission and distribution function employees shall apply these tariff provisions in a fair, impartial and non-discriminatory manner. Similarly situated users and potential users of delivery services shall be treated equally.

c) An electric utility shall not, through its tariffs or otherwise, give preference to retail power sales made on behalf of the customers of its generation function over the interests of any other retail customer in matters relating to delivery services or tariffed ancillary services. These matters shall include, but not be limited to, delivery services price, delivery services quality, curtailments, interconnections, service restoration, scheduling, priority, balancing, and ancillary services availability. All requests for delivery services shall be processed in a non-discriminatory manner.

d) If an electric utility offers or attributes a rate discount, rebate, or fee waiver on delivery services or delivery-service related, tariffed ancillary services to its generation function or retail customers of its generation services function, then, at the same time, it shall offer the same discount, rebate, or fee waiver to all similarly situated ARES or customers of similarly situated ARES. The electric utility shall maintain a log of all discounts, rebates, or fee waivers granted to its generation function or for retail customers of its generation function. The entry in the log shall be made within 24 hours after the delivery services or ancillary services transaction commences. The entry in the log shall be maintained for one year after the discount, rebate, or fee waiver expires. The log shall be available for Commission inspection. The log shall be made available to the public upon written request.

e) Merchant generation function employees shall not state or imply to any person or entity unaffiliated with the electric utility that they have access to, or information about, delivery services that is unavailable to ARES or retail customers, nor shall any utility employee state or imply that delivery services provided in conjunction with the utility's generation services will be superior to the delivery services provided to the customers of ARES.

Section 452.135 Cross-Subsidization

a) No electric utility shall use public utility business to subsidize non-public utility business. Accordingly, the electric utility shall comply with the requirements of the Commission's rule regarding accounting for non-public utility business of electric utilities (83 Ill. Adm. Code 416), the Uniform System of Accounts (83 Ill. Adm. Code 415), and orders of the Commission under Section 7-102 of the Act [220 ILCS 5/7-102] that may be applicable.

b) No electric utility shall use delivery services to subsidize

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED RULES

generation services. For this purpose, each electric utility shall submit to the Director of Accounting of the Commission, as part of its implementation plan required under Section 452.170 of this Part, written guidelines for allocating revenues and charges between delivery services and generation services. Each electric utility shall maintain books and records for generation services and delivery services consistent with the form specified in 83 Ill. Adm. Code 416.10(b).

c) Each electric utility shall conduct a biennial internal audit of the transactions addressed in subsection (b). These audits shall test the compliance with that subsection with the written guidelines submitted to the Director of Accounting of the Commission, with any applicable Commission orders, and with 83 Ill. Adm. Code 415. The audits shall include written reports of conclusions and associated workpapers that shall be available to the Commission Staff for review. The first internal audit shall be submitted to the Director of Accounting of the Commission on or before December 1, 2000. Succeeding audit reports shall be submitted to the Director of Accounting of the Commission on or before December 1 of each succeeding even numbered year.

Section 452.140 Waivers

a) Any electric utility subject to this Part that uses its transmission or distribution system to directly provide generation services to 50,000 or fewer retail customers in Illinois may petition the Commission for waiver of Section 452.30, 452.35(b) and (c), 452.40, 452.60, 452,70, 452.80, 452.90, 452.100, 452.170 or 452.180 of this Part. The petition must include a demonstration of the following:
   1) that the electric utility does not own, operate, or control power generation resources;
   2) that no affiliate of the electric utility owns, operates, or controls power generation resources;
   3) that the electric utility provides only mandatory generation services;
   4) that any power and energy provided to customers in the electric utility's Illinois service area is obtained entirely through wholesale purchases at tariffs approved, or allowed into effect, by the Federal Energy Regulatory Commission;
   5) that no power and energy provided to customers in the electric utility's Illinois service area is obtained from an affiliated interest; and
   6) that the electric utility employs a Commission-approved fuel adjustment clause or similar mechanism to recover costs of providing mandatory generation services.

b) In evaluating any petition, the Commission shall assess the effect of the provisions of this Part for which a waiver is requested on the cost and reliability of service of the electric utility and the

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED RULES

objective of Section 16-119A of the Act [220 ILCS 5/16-119A] to prevent undue discrimination and create or promote efficient competition. The continued effectiveness of any waiver obtained under this Section shall be conditioned upon the electric utility's continual compliance with subsections (a)(1) through (6). At any time that the Commission finds, upon complaint or on its own motion, that the electric utility no longer satisfies the requirements of subsections (a)(1) through (6), the Commission may rescind the waiver granted.

Section 452.150 Complaint Procedures

Complaints alleging violations of this Part shall be filed pursuant to 83 Ill. Adm. Code 200.

Section 452.160 Penalty Provisions

a) Upon complaint or on the Commission's own motion, the Commission may conduct an investigation of an electric utility's actions under any Section of this Part. The Commission may, after notice and hearing:
   1) order an electric utility to cease and desist or correct any violation of, or nonconformance with, any provision of this Part;
   2) require an electric utility to make due reparations or refunds as permitted by statute;
   3) impose financial penalties for violations of, or non-conformance with, the provisions of this Part as permitted by statute;
   4) take other remedial and preventive action as permitted by statute, including any action described in other Sections of this Part.

b) The remedies shall be cumulative and may be imposed in addition to other remedies described in this Part.

Section 452.170 Implementation Plans

a) Each electric utility shall file with the Commission, within 30 days after the effective date of this Part, written plans and procedures describing how the electric utility will implement, and achieve compliance with, this Part.

b) Within 45 days after an electric utility files its implementation plans and procedures with the Commission pursuant to subsection (a), the Commission shall approve the implementation plans and procedures as filed or initiate a hearing to investigate modifications to the implementation plans and procedures. If the Commission takes no such action within 45 days, the implementation plans and procedures filed by the electric utility shall be deemed approved. If the Commission initiates a hearing to investigate modifications to the implementation plans and procedures filed by the electric utility, intervention in accordance with 83 Ill. Adm. Code 200 shall be permitted. After the

hearing, the Commission shall approve the implementation plans and procedures as filed or as modified by the Commission. In any order entered pursuant to this subsection, the Commission shall set forth its reasons for approving or modifying implementation plans and procedures. Within 60 days from the date of a final Commission order approving its implementation plans or procedures or modified plans and procedures, each electric utility shall be in full compliance with that order.

c) At least 45 days before the effective date of a proposed revision to its approved implementation plans and procedures, an electric utility shall file the proposed revision with the Commission for approval. Within 45 days after an electric utility files revisions to its approved implementation plans and procedures with the Commission, the Commission shall approve the revisions as filed or initiate a hearing to investigate modifications to the revisions. If the Commission takes no action within 45 days, the revisions filed by the electric utility shall be deemed approved. If the Commission initiates a hearing to investigate modifications to the revisions filed by the electric utility, intervention in accordance with 83 Ill. Adm. Code 200 shall be permitted. After the hearing, the Commission shall approve the revisions as filed or as modified by the Commission. In any order entered pursuant to this subsection, the Commission shall set forth its reasons for approving or modifying any revisions filed by the electric utility.

SUBPART B: INTEGRATED DISTRIBUTION COMPANY RULES

Section 452.200 Definitions

"Advertising" means any communication through any medium, except direct (e.g., in-person or telephonic) contact, for the purpose of requesting or retaining patronage from a customer or prospective customer.

"Delivery services" has the same meaning as in Section 16-102 of the Act [220 ILCS 5/16-102].

"Retail Electric Supply Service" means the retail sale of electricity, whether bundled or unbundled.

"Integrated Distribution Company" or "IDC" means an electric utility that has completed implementation of an approved implementation plan pursuant to Section 452.220 of this Subpart B.

"Marketing" means direct contact with a customer or a prospect for the purpose of requesting or retaining patronage.

"Permissible Integrated Distribution Company Service" means any

service that an Integrated Distribution Company is allowed to offer pursuant to Subpart B of this Part.

"Transmission and distribution service" means any service provided by an electric utility's transmission and distribution system.

"Transmission and distribution system" has the same meaning as in Subpart A of this Part.

"Value-added services" means those services defined in Section 16-102 of the Act [220 ILCS 5/16-102] as *services, other than tariffed services, that are related to, but not necessary for, the provision of electric power and energy or delivery services.*

Section 452.220 Integrated Distribution Company Implementation Plan

a) To seek Commission approval to operate as an Integrated Distribution Company, an electric utility shall file a written plan by which it will implement, and affirm its commitment to comply with, the provisions of Subpart B within 30 days after the effective date of this Part. The implementation plan shall be sufficiently detailed so that the Commission can reasonably ascertain the systems, policies and practices that the electric utility will use to satisfy each of the requirements in Subpart B.

b) Within 45 days after an electric utility files an implementation plan with the Commission pursuant to subsection (a), the Commission shall approve, reject, or initiate a hearing to investigate the implementation plan. If the Commission takes no action within 45 days, the implementation plan shall be deemed approved. If the Commission initiates a hearing to investigate the implementation plan, intervention in accordance with 83 Ill. Adm. Code 200 shall be permitted. After the hearing, the Commission shall approve the implementation plan as filed or as modified by the Commission, or reject the implementation plan. In any order entered pursuant to this subsection, the Commission shall set forth its reasons for approving or rejecting an implementation plan.

c) In any order rejecting an implementation plan, the Commission shall specify the date by which an electric utility shall be in compliance with Subpart A. Within 45 days after the entry of a final order approving an implementation plan, or within 45 days after the implementation plan is permitted to go into effect without a Commission order pursuant to subsection (b), an electric utility shall be in full compliance with all requirements of Subpart B.

d) If the utility rejects any modifications made to an implementation plan by the Commission, it shall notify the Commission of its rejection within 10 days after the entry of the final order and submit an implementation plan pursuant to Section 452.170 within 45 days after the entry of a final order or within 45 days after a denial of

any applications for rehearing, whichever is later.

e) An electric utility may at any time, elect to no longer qualify as an Integrated Distribution Company. An electric utility making such an election shall immediately file an implementation plan pursuant to Section 452.170 for Commission approval. Upon the filing of such a plan, an electric utility shall be subject to all requirements of Subpart A of this Part.

f) Each IDC shall file with the Commission revisions to an approved implementation plan within 7 days after revision or at such time as designated by the Commission. The Commission may initiate a proceeding to disallow or modify any revision; in that proceeding, the burden shall be upon the IDC to demonstrate that the revision is consistent with the provisions of this Subpart B.

Section 452.230 Permissible and Impermissible Integrated Distribution Company Services

a) An Integrated Distribution Company shall provide all tariffed transmission and distribution services, including delivery services, and all tariffed retail electric supply services required by the Act. An IDC may initiate experiments for transmission or distribution services and enter into contracts with end-users for load curtailment or interruption, provided that the experiments and contracts are entered into pursuant to a tariff filed with the Commission. An IDC may also enter into contracts with end-user customers for value-added services and with qualifying facilities, as defined in and required by 83 Ill. Adm. Code 430, for standby and auxiliary services.

b) An IDC shall not offer or provide any non-tariffed retail electric supply services or any non-tariffed transmission and distribution services, except as provided in subsection (a) of this Section. An IDC shall not, notwithstanding Sections 16-102, 16-106, 16-116(b), and 9-102.1 of the Act [220 ILCS 5/16-102, 16-106, 16-116(b), and 9-102.1], offer or enter into contracts for the provision of any retail electric supply service, unless required by tariff, or engage in any non-tariffed billing and pricing experiments beyond those contracts and experiments in existence on the effective date of this Subpart B. An IDC shall not renew, extend, or renegotiate any existing contract for any retail electric supply service, unless the IDC is required by tariff to renew or extend or the IDC is contractually bound to renew, extend, or renegotiate at the customer's option and the customer has exercised its option. At the request of the Commission, an IDC shall make available for inspection by the Commission any or all existing contracts for the provision of any retail electric supply service for verification purposes. The Commission shall treat all such contracts confidentially and shall enter the contracts into the record in any proceeding before the Commission subject to a reasonable confidentiality agreement. An IDC also shall not offer an experiment in existence on the effective date

of this Subpart B to any customer after the effective date of this Subpart B.

Section 452.240 Advertising, Marketing, and Customer Retention Efforts

a) An Integrated Distribution Company shall not promote, advertise or market with regard to the offering or provision of any retail electric supply service.

b) The advertising and marketing prohibition of subsection (a) shall not preclude an IDC from:
   1) advertising or marketing permissible IDC services other than retail electric supply services;
   2) using the electric utility company corporate name and logo in connection with the offering or provision of permissible IDC services;
   3) engaging in advertising or marketing generally promoting the public image and good will of the IDC as a provider of transmission and distribution services;
   4) meeting its obligations for consumer education programs as set forth in Section 16-117 of the Act [220 ILCS 5/16-117], or otherwise engaging in legitimate consumer education efforts; or
   5) meeting the customer notification requirements specified in Section 16-110 [220 ILCS 5/16-110] for the power purchase option.

c) No IDC employee or agent shall state or imply that access to or quality of service for delivery of electricity is, or will be, better if the customer retains, switches to, or otherwise obtains any retail electric supply service from the IDC.

d) No IDC employee or agent shall affirmatively prompt customer inquiries about the quality of the IDC's retail electric supply services. No IDC shall disparage the quality of an alternative retail electric supplier's services.

e) No IDC employee or agent shall affirmatively act to retain or obtain a customer for any retail electric supply service offered or provided by the IDC.

Section 452.250 Integrated Distribution Company Rate and Price Conditions

An Integrated Distribution Company shall not change its price for any tariffed services allowed in Section 452.230(a) pursuant to Section 16-111(f) of the Act [220 ILCS 5/16-111(f)], but may change prices for services in the manner provided in Article IX of the Act [220 ILCS 5/Art. IX], and as provided in Section 16-111(a) of the Act [220 ILCS 5/16-111(a)].

Section 452.260 Information Provided to the Integrated Distribution Company by an Affiliated or Non-Affiliated Alternative Retail Electric Supplier, Another Electric Utility, Customer of Affiliated or Non-Affiliated Alternative Retail Electric Supplier or Another Electric Utility, or Retail Customer of the Integrated Distribution Company

a) The information covered by this Section shall include any data or information provided to the IDC in its role as a provider of transmission and distribution services by an affiliated or non-affiliated alternative retail electric supplier, another electric utility, or the customer of an affiliated or non-affiliated alternative retail electric supply or another electric utility, or retail customer of the IDC.

b) No IDC employee shall use the information described in subsection (a) to sell, promote, market or advertise any retail electric supply service or to attempt to obtain or retain any customer for any retail electric supply service; provided that information received from a retail customer of the IDC that is necessary to the continued provision of retail electric supply service to that customer may be used by the IDC for that purpose.

Section 452.270 Tying

An Integrated Distribution Company shall not tie, as defined by state and federal anti-trust laws, the provision of any tariffed service to the taking of any other product or service offered or provided by the IDC.

Section 452.280 Integrated Distribution Company Transmission and Distribution Services

a) All requests for transmission and distribution services shall be processed in a non-discriminatory manner.

b) An Integrated Distribution Company shall strictly enforce all tariff provisions relating to transmission and distribution services if these tariff provisions do not provide for the use of discretion.

c) If provisions of transmission and distribution services tariffs allow for discretion, an IDC shall apply these tariff provisions in a fair, impartial and non-discriminatory manner. Similarly situated transmission and distribution services users or potential transmission and distribution services users shall be treated equally.

d) An IDC shall not discriminate in matters relating to curtailment, interconnection, service restoration, repair work, distribution upgrading, scheduling, priority, balancing, or transmission and distribution services availability, price or service quality.

e) If an IDC offers or attributes a rate discount, rebate, or fee waiver on delivery services or other transmission and distribution services to customers of its permissible retail electric supply services, it shall also offer the same discount, rebate, or fee waiver to all alternative retail electric suppliers or customers of alternative retail electric suppliers. The IDC shall maintain a log of all discounts, rebates, or fee waivers granted. The entry in the log shall be made within 24 hours after the transmission and distribution services transaction commences. The entry in the log shall be maintained for one year after the discount, rebate, or fee waiver

expires. The log shall be available for Commission inspection. The log shall be made available to the public upon written request.

Section 452.290 Emergency Exception

a) In anticipation of impending emergencies and in times of actual emergency affecting the public health and safety or electric system integrity and reliability, an Integrated Distribution Company may take any actions necessary to protect the public and the electric system. If under normal non-emergency circumstances, those actions would constitute violations of this Part, the IDC shall file written reports as specified in this Section.

b) Within 24 hours after initiating reliance on the authority in subsection (a), an IDC shall:
   1) file an initial written report with the Commission, describing, and stating the general reasons for, the action; and
   2) notify non-affiliated ARES on the internet site described in Section 452.80(e) of this Part.

c) Within seven days after initiating reliance on the authority in subsection (a), or within two days after terminating reliance on the authority in subsection (a), whichever is later, the IDC shall file a full written report with the Commission, explaining the nature and extent of the emergency and how and why the emergency arose. This report shall also list and describe each action the electric utility took that, under normal non-emergency circumstances, would constitute a violation of this Part. The initial and full written reports shall be available to the public on the internet site described in Section 452.80(e) of this Part.

d) Nothing in this Section shall preclude the Commission from investigating, upon its own motion, or upon complaint by any person pursuant to Section 452.310 of this Part, whether the actions or omissions of an IDC pursuant to subsection (a) were reasonably related to an impending or actual emergency affecting the public health and safety or electric system integrity or reliability. If, after a hearing, no reasonable relationship is found, the Commission may impose one or more penalties as authorized by Section 452.320 of this Part.

Section 452.300 Cross-Subsidization

No Integrated Distribution Company shall use public utility business to subsidize non-public utility business. Accordingly, the IDC shall comply with the requirements of the Commission's rules regarding accounting for non-public utility business of electric utilities (83 Ill. Adm. Code 416), the Uniform System of Accounts (83 Ill. Adm. Code 415), and orders of the Commission under Section 7-102 of the Act [220 ILCS 5/7-102] as may be applicable.

Section 452.310 Formal Complaint Procedures

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED RULES

Complaints alleging violation by an Integrated Distribution Company, its employees or agents of any provision of Subpart B shall be filed pursuant to 83 Ill. Adm. Code 200. Nothing in Section 452.340 shall impair any person's right to bring a claim under this Section.

Section 452.320 Enforcement and Penalty Provisions

a) Upon complaint pursuant to Section 452.310 of this Part, or on the Commission's own motion, the Commission may, after notice and hearing:
   1) order an Integrated Distribution Company to cease and desist, or correct, any violation of, or nonconformance with, any provision of Subpart B;
   2) require an IDC to make due reparations or refunds as permitted by statute;
   3) impose financial penalties for violations of, or non-conformance with, any provision of Subpart B as permitted by statute;
   4) take other remedial and preventive action as permitted by statute.

   Such remedies shall be cumulative.

b) Upon finding that an IDC has committed, within any five year period, three violations of any provision of Subpart B, the Commission may determine that the electric utility no longer qualifies as an IDC. The Commission may direct the electric utility to immediately file with the Commission an implementation plan to comply with Subpart A. The Commission shall evaluate any such implementation plan under the provisions of Section 452.170(b).

c) Multiple violations arising from the same facts shall be regarded as a single violation for purposes of reaching the three-violation threshold established in subsection (b). Each violation arising from different facts shall be regarded as a single violation for purposes of reaching the three-violation threshold established in subsection (b). Plural factual allegations may be included in a single complaint or investigation.

d) The remedies set forth in subsections (a) and (b) shall be cumulative.

Section 452.330 Integrated Distribution Company Instruction

An Integrated Distribution Company shall instruct its affected employees and agents about the requirements of Subpart B and how to apply Subpart B in the work place.

OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Fire Prevention and Safety

2) Code Citation: 41 Ill. Adm. Code 100

3)

Section Numbers:	Proposed Action
100.3	Amendment
100.4	Repeal
100.5	Repeal
100.7	Amendment
100.110	Repeal
APPENDIX A	Repeal

4) Statutory Authority: Implementing and authorized by Section 9 of the Fire Investigation Act [425 ILCS 25/9]

5) A Complete Description of the Subjects and Issues involved: This amendment adopts the most recent edition of the Life Safety Code[c] published by the National Fire Protection Association for both new and existing buildings.

6) Will this proposed amendment replace an emergency amendment currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Does this proposed amendment contain incorporations by reference? No

9) Are there any other amendments pending on this Part? No

10) Statement of Statewide Policy Objectives (if applicable):

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested parties may submit comments in writing within 45 days of publication to:

Mr. Jack Ahern
Deputy State Fire Marshal
Division of Fire Prevention
Office of the State Fire Marshal
100 W. Randolph Street, Ste. 11-800
Chicago IL 60601

12) Initial Regulatory flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: The rule potentially impacts buildings. The code being adopted is one of the most widely used codes by local governmental entities, consequently, many local governments have

OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF PROPOSED AMENDMENTS

already been enforcing it.

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: February 2001

The full text of the Proposed Amendments begins on the next page:

OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF PROPOSED AMENDMENTS

TITLE 41: FIRE PROTECTION
CHAPTER I: OFFICE OF THE STATE FIRE MARSHAL

PART 100
FIRE PREVENTION AND SAFETY

Section
100.1 Introduction
100.3 Title, Jurisdiction, Powers, Penalties, Right of Entry, Existing Structures
100.4 Building Construction Types (Repealed)
100.5 Fire Areas (Repealed)
100.7 Adoption of NFPA 101, Life Safety Code by Reference
100.110 Modification of NFPA 101 (1985) for Existing Day Care Facilities and Programs (Repealed)
APPENDIX A Modification of Standards Referenced in NFPA 101 (Repealed)

AUTHORITY: Implementing and authorized by Section 9 of the Fire Investigation Act [425 ILCS 25/9].

SOURCE: Illinois Rules and Regulations for Fire Prevention and Safety, amended September 24, 1973; amended January 8, 1974; Rules and Regulations relating to Fireworks filed October 8, 1974; codified at 5 Ill. Reg. 10673; amended at 6 Ill. Reg. 13021, effective December 15, 1982; amended at 7 Ill. Reg. 16399, effective January 1, 1984; amended at 9 Ill. Reg. 1009, effective July 1, 1985; Sections 100.81, 100.82 and 100.85 recodified to 41 Ill. Adm. Code 105.5, 105.10 and 105.20 at 11 Ill. Reg. 5992; Part repealed, new Part adopted at 12 Ill. Reg. 8017, effective August 1, 1988; emergency amendment at 13 Ill. Reg. 582, effective January 3, 1989, for a maximum of 150 days; emergency expired June 2, 1989; amended at 13 Ill. Reg. 12547, effective July 14, 1989; amended at 17 Ill. Reg. 19127, effective November 1, 1993; amended at 20 Ill. Reg. 13086, effective September 20, 1996; amended at 21 Ill. Reg. 8932, effective July 15, 1997; amended at 22 Ill. Reg. 21330, effective December 15, 1998; amended at 25 Ill. Reg. _____, effective _____.

Section 100.3 Title, Jurisdiction, Powers, Penalties, Right of Entry, Existing Structures

a) Title
This Part shall be known and cited as Fire Prevention and Safety Rules. They shall be referred to hereinafter as this Part.

b) Jurisdiction
The provisions of this Part shall apply to all localities ~~except such cities, towns and communities that have, or may hereafter, enact ordinances which are equal to or higher than this Part~~.

c) Powers
1) The Office is authorized and directed to enforce the provision of this Part. The State Fire Marshal shall make, or cause to be

OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF PROPOSED AMENDMENTS

made, inspections of buildings, structures and premises to determine their conformity with the provisions of this Part and their safety to life and property from fire or other emergency requiring evacuation of the building (such as presence of explosive or flammable gasses, fume hazard, and power failure).

2) Such inspections shall be made by the Office. Under the direction of the Office, the chief of the local fire department is hereby empowered and directed to make inspections in his geographical area of responsibility. Where any such inspection discloses a violation or violations of this Part, the State Fire Marshal or the local fire chief shall notify the owner, occupant, or other interested party in writing as provided in Section 9 of the Fire Investigation Act [425 ILCS 25/9] ~~An Act relating to the investigation and prevention of fire (Ill. Rev. Stat. 1985, ch. 127 1/2, par. 9.)~~ to correct said violation or violations. Violations shall be corrected within a reasonable time based upon the severity of the hazard and the work required to correct the violation.

3) The Office will inspect building based upon requests from agencies of state and local government, complaints from the public, known or observed violations, potential for loss of lives from fire in given occupancies where statutes, rules or regulations mandate inspections by the Office or where an inspection of a structure or an occupancy is necessary to prevent fire or to minimize the dangers of fire, in accordance with this Part, subject to available resources.

d) Penalty
The penalties for violation of the provisions of this Part shall be such as are provided in Section 9e of the Fire Investigation Act [425 ILCS 25/9e] ~~"AN ACT relating to the investigation and prevention of fire" (Ill. Rev. Stat. 1985, ch. 127 1/2, par. 14)~~.

e) Entry
The State Fire Marshal, his subordinates, the fire chief of any city, town, village, or fire protection district, or a subordinate delegated by said fire chief shall have the right within their respective geographical area of responsibility to enter any building or structure at any reasonable time for the purpose of making an inspection to determine whether or not there are any violations of this Part or the local ordinances for the protection of life and property from fire or other emergency. The inspector shall obtain permission from the owner, occupant, or other interested party to inspect and conduct an inspection at any reasonable time (generally, during regular business hours). Local officials having jurisdiction are empowered and directed to invoke any provisions of this Part to enforce correction of any condition hazardous to life and property from fire or other emergency.

f) Reference to Documents
Wherever a document is incorporated by reference in this Part, a copy

OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF PROPOSED AMENDMENTS

of the document shall be kept on file in the Office, and shall be available for public inspection. Where standards are incorporated by reference in this Part, the incorporated material does not include any later editions or amendments.

g) Where the term 'the authority having jurisdiction' is used, it shall mean the Office.

Section 100.4 Building Construction Types (Repealed)

~~NFPA 101 (1985) Chapter 6-2.1 references NFPA 220 (1979) "Standard on Types of Building Construction," for determining construction requirements for various occupancies. The required construction type shall be determined by local ordinance, but the occupancy must meet the requirements of NFPA 101 for that type of construction as defined in NFPA 220 for the occupancy intended.~~

(Source: Repealed at 25 Ill. Reg. _____, effective _____)

Section 100.5 Fire Areas (Repealed)

~~a) A fire area is defined as: The floor areas enclosed and bounded by fire walls or exterior walls of a building to restrict the spread of fire. The fire area of buildings in all classifications of these rules and regulations shall be governed by local law or ordinance.~~

~~b) Where there are no local laws or ordinances governing fire areas, they shall be governed by the limitations established in the Basic Building Code (1984) of the Building Officials and Code Administrators International, Incorporated. Copies made by obtained at the following address:~~

~~Building Officials and Code Administration International, Inc.~~
~~17926 S. Halstead Street~~
~~Homewood, Illinois 60430~~

(Source: Repealed at 25 Ill. Reg. _____, effective _____)

Section 100.7 Adoption of NFPA 101, Life Safety Code by Reference

The Office of the State Fire Marshal adopts the "Code for Safety to Life from Fire in Buildings and Structures" as published by the National Fire Protection Association (NFPA 101) 2000 edition, Life Saftey Code.

~~a) For the purposes of subsections (b) and (c) of this Section:~~

~~1) "New facility" shall mean either a facility constructed after November 1, 1993, or any facility the occupancy (use) classification of which changes after November 1, 1993. Any alterations or installations of new equipment, either regulated by these rules or outlined in the Life Safety Code, shall be accomplished as nearly as practicable in conformance with the~~

OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF PROPOSED AMENDMENTS

~~requirements for new construction.~~

~~2) "Existing facilities" are those not classified as "new facilities" by subsection (a)(1) of this Section.~~

~~b) Applicable to existing facilities, as defined in subsection (a) of this Section, the Office of the State Fire Marshal adopts the "Code for Safety to Life from Fire in Buildings and Structures" as published by the National Fire Protection Association (NFPA 101) 1985 edition, Life Safety Code. This incorporation does not include any later amendments or editions.~~

~~c) Applicable to any new facilities, as defined in subsection (a) of this Section, the Office of the State Fire Marshal adopts the following provisions of the "Code for Safety to Life from Fire in Buildings and Structures" as published by National Fire Protection Association (NFPA 101) 1991 edition, Life Safety Code to the extent those provisions do not conflict with the provisions of this Part. This incorporation does not include any later amendments or editions.~~

~~Chapter 1: Administration~~
~~Chapter 2: Fundamental Requirements~~
~~Chapter 3: Definitions~~
~~Chapter 4: Classification of Occupancy and Hazard of Contents~~
~~Chapter 5: Means of Egress~~
~~Chapter 6: Features of Fire Protection~~
~~Chapter 7: Building Service and Fire Protection Equipment~~
~~Chapter 8: New Assembly Occupancies~~
~~Chapter 10: New Educational Occupancies~~
~~Chapter 12: New Health Care Occupancies~~
~~Chapter 14: New Detention and Correctional Occupancies~~
~~Chapter 16: New Hotels and Dormitories~~
~~Chapter 18: New Apartment Buildings~~
~~Chapter 20: Lodging or Rooming Houses~~
~~Chapter 22: New Residential Board and Care Occupancies~~
~~Chapter 24: New Mercantile Occupancies~~
~~Chapter 26: New Business Occupancies~~
~~Chapter 28: Industrial Occupancies~~
~~Chapter 29: Storage Occupancies~~
~~Chapter 30: Special Structures and High Rise Buildings~~
~~Chapter 31: Operating Features~~
~~Chapter 32: Referenced Publications~~

ad) The Life Safety Code becomes the code for Fire Prevention and Safety subject to the modifications set forth in this Part. NFPA 101, Life Safety Code (2000 Edition ~~1985 and 1991~~ Editions) is on file with the Office of the State Fire Marshal at the following locations:

1035 Stevenson Drive
Springfield, Illinois 62703-4259

State of Illinois Building
100 W. Randolph Street

OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF PROPOSED AMENDMENTS

Chicago, Illinois 60601

2209 West Main Street
Marion, Illinois 62959

Copies are available for purchase from:

National Fire Protection Association
Batterymarch Park
Quincy MA 02269

be) Modifications to the Life Safety Code

1) Child Care Facilities

A) Day Care Centers. Those facilities regulated under Chapter 10-7 (Day-Care Centers) of the Life Safety Code shall include only:

i) any facility licensed as a Day Care Center by the Department of Children and Family Services;

ii) any unlicensed facility that regularly provides day care for less than 24 hours per day for more than 8 children in a family home, or more than 3 children in a facility other than a family home;

iii) part day child care facilities, as defined in the Child Care Act of 1969.

B) Day Care Homes. Those facilities regulated under Chapter 10-9 (Family Day-Care Homes) of the Life Safety Code shall include only:

i) any facility licensed as a day care home by the Department of Children and Family Services;

ii) any unlicensed facility that is a family home that receives more than 3 up to a maximum of 12 children for less than 24 hours per day. The number counted includes the family's natural or adopted children and all other persons under the age of 12. This subsection (e)(1)(B) does not affect facilities that receive only children from a single household.

C) Group Day Care Homes. Those facilities regulated under Chapter 10-8 (Group Day-Care Homes) of the Life Safety Code shall include only:

i) any facility licensed as a group day care home by the Department of Children and Family Services; or

ii) any unlicensed facility that is a family home that receives more than 3 up to a maximum of 16 children for less than 24 hours per day. The number counted includes the family's natural or adopted children and all other persons under the age of 12.

D) For purpose of determining the classification of a child care facility, current Department of Children and Family

OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF PROPOSED AMENDMENTS

Services guidelines will be applied.

2) Child-to-Staff Ratios
Child-to-Staff ratios in day care facilities shall comply with 89 Ill. Adm. Code 406 and 407 and with the Child Care Act of 1969. Any conflicting provisions of the Life Safety Code are inapplicable.

~~3) One-and-Two-Family-Dwellings~~
~~Chapter-21-(One-and-Two-Family-Dwellings)-is-adopted-as-recommended-guidelines-only.~~

~~4) When-clients-occupy-a-level-below-the-level-of-exit-discharge-in-a-day-care-home-or-group-day-care-home-occupancy,-exiting-shall-be-provided-in-accordance-with-the-requirements-of-the-applicable-edition-of-the-Life-Safety-Code,-or-with-the-following:~~

~~A) Primary-Means-of-Egress~~

~~i) If-an-exit-discharging-directly-to-the-outside-at-the-basement-level-is-not-provided,-and-therefore-occupants-must-traverse-another-level-of-the-home-to-exit,-the-path-of-egress-through-the-level-of-exit-discharge-shall-be-separated-from-the-remainder-of-that-level-of-the-home-by-construction-providing-a-minimum-fire-resistance-rating-of-1-hour;-or~~

~~ii) The-home-shall-be-equipped-with-smoke-detectors-permanently-powered-by-the-building's-electrical-system-and-wired-so-that-the-actuation-of-one-detector-will-actuate-all-the-detectors-in-the-dwelling.-At-least-one-such-smoke-detector-shall-be-located-on-each-level-of-the-occupancy-(excluding-unoccupied-attics);-and-the-path-of-egress-through-the-level-of-exit-discharge-(from-the-basement-door-to-the-exterior-door-of-the-home)-must-be-protected-by-automatic-fire-sprinklers.-Listed-residential-sprinklers-shall-be-used-and-the-installation-shall-be-made-in-accordance-with-National-Fire-Protection-Association-Standard-#13D,-Installation-of-Sprinkler-Systems-in-One-and-Two-Family-Dwellings-and-Manufactured-Homes-----1994-edition.~~

~~B) Secondary-Means-of-Egress~~
~~If-a-window-is-used-where-the-size-is-not-in-accordance-with-the-applicable-edition-of-the-Life-Safety-Code,-the-owner-or-operator-of-the-day-care-or-group-day-care-home-must-demonstrate-to-an-on-site-representative-of-the-Office-of-the-State-Fire-Marshal-that-all-occupants-(staff-and-clients)-can-escape-through-the-window-to-the-exterior-of-the-home-in-3-minutes-or-less.-The-bottom-sill-of-any-window-used-as-a-secondary-means-of-escape-shall-be-within-44-inches-of-the-floor-as-required-by-the-Life-Safety-Code,-or-a-permanently-fixed-stair-or-ramp-shall-be-installed-at-the-window-to-allow-occupants-to-be-within-44-inches-of-the-bottom-window-sill-when-standing-atop-the-stair-or-ramp.~~

OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF PROPOSED AMENDMENTS

~~3)~~5) Permanently Moored Vessels

A) Occupancies located on permanently moored floating vessels are subject to compliance with the applicable occupancy chapter of the Life Safety Code (2000 edition), the fire safety standards contained in National Fire Protection Association Standard 307, Standard for the Construction and Fire Protection of Marine Terminals, Piers and Wharves (1995 edition) and the criteria listed in this Section.

B) A stability test shall be conducted by the licensee in accordance with 46 CFR, Subchapter S, Part 170, Subpart F. In lieu of a stability test, the licensee may elect to perform a Deadweight Survey to determine the Lightweight Displacement and Longitudinal Center of Gravity. The Vertical Center of Gravity shall be determined by a conservative estimate, subject to approval by a marine authority acceptable to the Office of the State Fire Marshal.

C) The intact stability characteristics for each vessel must comply with the following criteria:

i) 46 CFR, Subchapter S, Part 170, Subpart E, Sections 170.160, 170.170, and 170.173.

ii) In lieu of compliance with Section 170.173, the licensee may elect to comply with alternate criteria for Vessels of Unusual Proportion and Form, as may be acceptable to the United States Coast Guard at that time, for certified passenger vessels.

iii) 46 CFR, Subchapter S, Part 171, Subpart E, Section 171.050.

D) All permanently moored vessels shall be required to comply with a one-compartment standard of flooding, as outlined in 46 CFR 171.070, regardless of the passenger capacity of the vessel.

E) All permanently moored vessels shall be required to comply with Damage Stability Standards of 46 CFR, Subchapter S, Part 171, Subpart C, Section 171.080.

F) Additionally, all vessels must comply with requirements for Stability After Damage (Damage Righting Energy Criteria) as may be acceptable to the United States Coast Guard at that time for certified passenger vessels.

G) Additionally, an annual survey shall be conducted of permanently moored vessels to determine if structural changes exist which may affect the stability of the vessel. The survey shall consist of the following:

i) General inspection of the superstructure and layout of outfitting to ensure there are no changes to the approved arrangement that may affect the stability of the vessel;

ii) Inspection of the underdock spaces to ensure watertight integrity of the vessel is maintained;

iii) Inspection and report on the condition of the hull and watertight bulkheads;

iv) Inspection and report on the condition of water tight doors and water tight bulkhead penetration; and

v) Inspection and report on the condition of ventilator, hatch covers, and manhole covers.

This annual survey does not apply to United States Coast Guard Certified Vessels that are subject to their regulatory inspections.

H) Inspection and Examination of Permanently Moored Vessels

i) Permanently moored vessels shall undergo drydock and internal structural examinations at intervals in accordance with 46 CFR 71.50-3 or present evidence of compliance with alternative methods of hull examination as may be deemed acceptable at the time, by the United States Coast Guard, for vessels that operate in fresh water.

ii) Inspection of permanently moored vessels having steel or aluminum hulls may be performed in dry-dock or in-the-water. In-the-water inspections shall consist of an internal structural examination and a detailed non-destructive examination of the vessel's hull. The non-destructive hull examination may be performed by underwater inspection methods or from inside the vessel if all compartments are safely accessible. ("Safely accessible" shall be dependent upon the issuance of a "gas free certificate" by a certified marine chemist).

iii) All structural and in-the-water examinations and inspections of permanently moored vessels shall be under the direction a registered professional engineer. Expertise of the engineer, or engineering team, shall include non-destructive testing methods and procedures, materials engineering and naval architecture, material engineering knowledge of both general and specific corrosion types associated with welds and oxygen differential cells, as well as the effects of such types of corrosion on hull longevity.

iv) The inspection techniques must be under the general direction of an American Society for Nondestructive Testing (ASNT) Level III Non-destructive Certified Technician. Inspections and measurements must be performed by an ASNT Level II (or higher) Non-destructive Certified Technician.

v) The inspection results must be maintained in a format that will allow for examination by the Office of the State Fire Marshal's representatives, including comparison of results from the previous inspections.

vi) Repairs using underwater welding shall be subject to periodic reevaluation at subsequent inspections. Such repairs shall be completed in accordance with the standards found in the American Welding Society's "Specifications for Underwater Welding".

vii) The Office of the State Fire Marshal may require immediate dry-docking of the vessel if structural examinations and underwater inspections or repair work are not conducted in accordance with this Section.

viii) All work shall be governed by and construed according to Illinois law effective on the execution date.

I) Written documentation of compliance with the requirements of subsections (e)(5)(B) through (H) shall be furnished to the Office of the State Fire Marshal by the owner of the permanently moored vessel. Such documentation shall be certified by a marine authority approved by the Office of the State Fire Marshal.

J) Permanently moored vessels, when occupied as public assembly occupancies in accordance with definitions given in the Life Safety Code, shall:

i) Be equipped with an on-board electrical generator, sized and installed so as to be capable of supplying emergency back-up power to any required fire alarm systems, fire suppression equipment, emergency lighting circuits, communication equipment, bilge pumps, or vessel propulsion equipment;

ii) At all times occupied by more than 50 occupants, be staffed by personnel trained to initiate shipboard/vessel firefighting and evacuation duties; and

iii) In the event of an emergency that causes the vessel to be set adrift, be either capable of self-propulsion or be serviced by a tugboat or tender capable of controlling the vessel.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

Section 100.110 Modification of NFPA 101 (1985) for Existing Day Care (Repealed)

~~a) Definitions:~~

~~"Day Care Center" and programs are defined in Section 2.09 of the Child Care Act of 1969 (225 ILCS 10/2.09).~~

"Child-Care-Facility" is defined in Section 2.05 of the Child-Care Act of 1969 (225 ILCS 10/2.05).

"Existing" means those already in existence on August 1, 1988, for the building area and number of clients on that date.

b) Existing Day Care Facilities and programs subject to inspection by the Office pursuant to the Child Care Act of 1969 (225 ILCS 10), and which provide care for children less than 24 hours per day, shall be inspected in accordance with Chapter II of NFPA 101 (1985).

c) Child to Staff ratio shall comply with 89 Ill. Adm. Code 406 and 407 rather than NFPA 101 (1985) Section 11.1.1.1.

d) Detection, alarm and communication systems for Day Care Facilities and programs shall comply with the following rather than the provisions of NFPA 101 (1985), Section 11.3.4.

1) Day Care Facilities and programs with 20 or more clients, or located above or below the level of exit discharge regardless of number of clients, shall be provided with a fire alarm system in accordance with NFPA 101 (1985) Section 7.6, and must adhere to the following:

A) The facility must include a smoke detection system meeting the requirements of NFPA 72A (1985), with detectors installed:

i) on the uppermost ceiling of each interior stairwell, and on every level (including basements), except in unoccupied attics, and at the beginning and end of each corridor 200 or more feet in length, and

ii) in front of doors to stairwells and at intervals of no less than 30 feet in all corridors of all floors used by the child care facilities and programs, except in those facilities with smoke detection in every room off every corridor used by the child care facility and programs.

B) Rate of rise/fixed temperature, fixed temperature, or other fire detectors (as described in NFPA 72A B (1985)) shall be installed in boiler rooms, kitchens, and hazardous and combustible storage areas except where a sprinkler system with a flow alarm connected to the fire alarm system is installed in such rooms.

C) Initiation of the fire alarm system, including occupant and emergency force notification, shall be by manual means and by operation of any required detectors.

D) Occupant notification must be in accordance with NFPA 101 (1985) Section 7.6.3.

E) Emergency force notification in accordance with NFPA 101 (1985) Section 7.6.4(a)(d) must be provided where the day care facilities and programs have 100 or more clients or are of a contruction type that would require a sprinkler system based upon NFPA 101 (1985) Section 11.7.1.6.1 (see subsection (e) below for new table), except where all rooms occupied by the Day Care Facilities and programs have a direct exterior exit.

F) Day Care Facilities and programs existing on August 1, 1988 shall install the new alarm system by January 1, 1991 and maintain the fire alarm sytems required by prior rules until the new sysetms are installed.

2) Day Care Facilities and programs with up to 19 clients shall have:

A) Smoke detectors meeting the requirements of NFPA 72 A E or 74 (1984). If NFPA 74 Type detectors are used, they must be powered by the building electical service. Detectors must be installed as follows:

i) within 15 feet of each room used for sleeping purposes.

ii) at least one detector on each story or level of the facility, including basements but not including unoccupied attics.

iii) at the uppermost ceiling of each interior stairwell, except in fire resistive structures (NFPA 220 (1979) type I and type II (222) Construction types).

iv) one detector at the beginning and one detector at the end of each corridor 200 or more feet in length in any story occupied or used by the Child Care Facilities and programs, including basements.

B) A telephone which is available, without the use of coins or unlocking devices, to call the fire department, or emergency force notification in accordance with NFPA 101 (1985) Section 706.4.

C) The smoke detectors shall be installed by January 1, 1990.

e) Table 11.7.1.6.1 is modified to eliminate the requirement for automatic sprinkler systems in one and two story day care centers based solely upon the contruction type. For facilities with fewer than 100 clients, the appropriate table is:

Type of Construction	Below Age Group	bBB	bBB
I (443)	0-5	P.A.	X
I (332) II (222)	6 & above	P.A.	X
II (111)	0-5	P.A.	X
III (211) V (111)	0-5	P.A.	X

OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF PROPOSED AMENDMENTS

IV-(2HH)	0-5	P;A;	X
	6-&-above	P;A;	X
II-(800)	0-5	P;A;	X
	6-&-above	P;A;	X
III-(200)	0-5)	P;A;P;B;	P;A;P;B;
V-(800)	6-&-above	P;A;P;B;	X

Stories	Above	bBB
1	2	3-&-above
P;A;	P;A;	P;A;
P;A;	P;A;	P;A;
P;A;P;B;	N;P;	N;P;
P;A;	S;-&-P;A;	N;P;
P;A;P;B	N;P;	N;P;
P;A;P;B	N;P;	N;P;
P;A;P;B;	N;P;	N;P;
P;A;P;B;	N;P;	N;P;
P;A;P;B;	N;P;	N;P;
P;A;P;B;	N;P;	N;P;

bBB;--Level of Exit Discharge----N;P;;--Not Permitted
P;A;;--Permitted with Fire Alarm System
S;--Permitted w/Sprinkler System----X;--Permitted
P;A;P;B;;--Requires Fire Department notification if more than 20; required in all facilities of 100 or more;

f) Child Care Facilities and programs existing on August 1, 1988 four feet or less below grade (or those considered four feet or less below grade) shall not be considered as a story below the level of exit discharge in applying Section 11-7;1;6;2 of NFPA-101 (1985);--Also see Section 11-7;2;4;2;

g) Door closures on corridor doors required by NFPA 101 (1985) Chapter 5, shall be installed by January 1, 1990 or, each room without a required door closure shall have a smoke detector, meeting the requirements of

OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF PROPOSED AMENDMENTS

NFPA--72-A-E installed in each room without a door closure in addition to the required fire alarm system;

(Source: Repealed at 25 Ill. Reg. _____, effective _____)

OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF PROPOSED AMENDMENTS

Section 100.APPENDIX A Modification of Standards Referenced in NFPA 101 (Repealed)

~~Materials referenced in NFPA 101 (1985), Appendix B are modified as follows: NFPA 70 "National Electrical Code" shall be the 1987 edition.~~

(Source: Repealed at 25 Ill. Reg. _____, effective _____)

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED RULES

1) Heading of the Part: Fox Chain O'Lakes Aquatic Plant Management

2) Code Citation: 17 Ill. Adm. Code 895

3)

Section Numbers:	Proposed Action:
895.10	New Section
895.20	New Section
895.30	New Section
895.40	New Section
895.50	New Section
895.60	New Section
895.70	New Section
895.80	New Section

4) Statutory Authority: Implementing and authorized by Section 7 of the Rivers, Lakes, and Streams Act [615 ILCS 5/7], and by Sections 1-15, 1-20, 1-150, 5-5 and 20-35 of the Fish and Aquatic Life Code [515 ILCS 5/1-15, 1-20, 1-150, 5-5 and 20-35].

5) A Complete Description of the Subjects and Issues Involved: The public and contractors have been chemically treating waters of Fox Chain O'Lakes without proper authorization. This Part provides a mechanism and guidelines for the proper application of herbicides to the Fox Chain O'Lakes.

6) Will this rulemaking replace any emergency rulemaking currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed rules contain incorporations by reference? No

9) Are there any proposed rules pending on this Part? No

10) Statement of Statewide Policy Objectives: This rulemaking does not affect units of local government.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments on the proposed rulemaking may be submitted in writing for a period of 45 days following publication of this notice to:

Jack Price
Department of Natural Resources
524 S. Second Street
Springfield IL 62701-1787
217/782-1809

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED RULES

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Marina operators and homeowners on Fox Chain O'Lakes.

B) Reporting, bookkeeping or other procedures required for compliance: Submit one application form per aquatic weed control proposal.

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rule was summarized: This rulemaking was not included on either of the 2 most recent regulatory agendas because: the Department did not anticipate the necessity of filing this Part at the time the Regulatory Agenda was summarized.

The full text of the Proposed Rules begins on the next page:

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED RULES

TITLE 17: CONSERVATION
CHAPTER I: DEPARTMENT OF NATURAL RESOURCES
SUBCHAPTER b: FISH AND WILDLIFE

PART 895
FOX CHAIN O'LAKES AQUATIC PLANT MANAGEMENT

Section
895.10 Summary and Purpose
895.20 Applicability
895.30 Definitions
895.40 Application for Letter of Permission
895.50 Issuance of Letter of Permission
895.60 Supervision
895.70 Conditions of Letter of Permission
895.80 Exemptions

AUTHORITY: Implementing and authorized by Section 7 of the Rivers, Lakes, and Streams Act [615 ILCS 5/7], and by Sections 1-15, 1-20, 1-150, 5-5 and 20-35 of the Fish and Aquatic Life Code [515 ILCS 5/1-15, 1-20, 1-150, 5-5 and 20-35].

SOURCE: Adopted at 25 Ill. Reg. _____, effective _____.

Section 895.10 Summary and Purpose

This Part is established to implement the management of aquatic plants within the Fox Chain O' Lakes (FCOL) public waters. The intent is to minimize the risks that citizens utilizing the public waters may be unwittingly exposed to aquatic herbicides and that threatened or endangered species of plants and animals may be harmed or destroyed, a balanced aquatic plant community being recognized to be a vital and necessary component of a healthy aquatic ecosystem. The Department may allow the management of nuisance-causing aquatic plants with chemicals registered and labeled for aquatic use by the United States Environmental Protection Agency (USEPA). Other non-chemical methods, determined to be effective by the Department, may also be authorized.

Section 895.20 Applicability

Any person sponsoring or conducting chemical or non-chemical treatment for the management of aquatic plants in the FCOL public waters shall obtain a Letter of Permission (LOP) from the Department.

Section 895.30 Definitions

"Applicant" - The person, company, or organization that proposes to apply aquatic herbicides or non-chemical treatments to the FCOL public

waters.

"Client" - The person who contracts with the pest control operator for the described aquatic plant management treatment.

"Chemicals" - All EPA approved and registered aquatic herbicides.

"Chemical treatment" - The single, one-time use of a USEPA approved and registered aquatic herbicide to destroy or limit the growth of aquatic plants.

"Department" - The Illinois Department of Natural Resources.

"FCOL public waters" - Channel Lake, Lake Catherine, Lake Marie, Bluff Lake, Spring Lake, Petite Lake, Grass Lake, Fox Lake, Dunn's Lake, Nippersink Lake, Pistakee Lake, Redhead Lake, Lake Mathews, Lake Jerilyn, Lac Louette (Mud Lake) and all navigable channels directly connected to these lakes that are under the jurisdiction of the Fox Waterway Agency.

"Fox Waterway Agency" - A special unit of local government created by State of Illinois statute in September 1983 and approved by referendum in November 1984 by a majority of voters residing within the agency's voting district of Lake and McHenry Counties.

"Letter of Permission" - Document drafted by the Department that specifies the location, date, and method of treatment.

"Navigable channel" - All natural and manmade channels/ponds that are connected to the public waters and are under the jurisdiction of the Fox Waterway Agency.

"Non-chemical treatment" - Utilization of plant screens, sediment covers, bottom barriers, blanketing materials that are gas-permeable, or mechanical cutting or removal to destroy or limit the growth of aquatic plants. A non-chemical treatment may consist of a series of actions in the case of mechanical cutting or removal of aquatic plants.

"Non-target organisms" - Any plant, other than nuisance-causing aquatic plants specified on the application, or animal species within the treatment area or adjacent areas that may be adversely affected by the chemical or non-chemical treatment.

"Sensitive area" - Areas of aquatic vegetation identified by the Department as offering critical or unique fish and wildlife habitat, including seasonal or life stage requirements, or offering water quality or erosion control benefits to the body of water. This also

includes areas included by the Department on the Illinois Natural Areas Inventory, or registered or dedicated pursuant to the Illinois Natural Areas Preservation Act [525 ILCS 30].

Section 895.40 Application for Letter of Permission

An application for a LOP is a form provided by the Department. The completed application shall be submitted to the Division of Fisheries, Springfield IL. Any amendment or revision to an application shall be treated by the Department as a new application.

a) The application shall be accompanied by one copy of a detailed map or sketch of the body of water with the proposed treatment area dimensions clearly shown and with pertinent information necessary to locate those properties, by name of owner, riparian to the treatment area, which may include street address, fire number where available and local telephone number;
b) A description of the uses being impaired by plants and reason for treatment;
c) A description of the plant community within the area to be treated that includes approximate percentage of abundance by species;
d) The product names of chemicals proposed for use, the method of application, and proposed date of treatment;
e) The name of the person or commercial applicator and applicator certification number of the person conducting the treatment;
f) A description of the non-chemical treatment, including type of material, product name if applicable, and proposed date of treatment;
g) The applicant shall certify to the Department that a copy of the application has been provided to any affected property owners' association and to any riparian property owners adjacent to and within the treatment area;
h) A statement of alternative control methods considered for use on the proposed treatment site and their feasibility.

Section 895.50 Issuance of Letter of Permission

a) The Department shall issue or deny issuance of the requested LOP within 45 days after receipt of a complete application.
b) The LOP shall be issued for a non-chemical method or the single, one-time, use of a USEPA approved and registered aquatic herbicide to remove, destroy or limit the growth of aquatic plants. Exception: In instances where a chemical treatment is proposed to be at reduced application rates with a not-to-exceed dosage limit, over multiple applications, this will be viewed as a one-time application.
c) New applications for a LOP will be reviewed with consideration given to the cumulative effect of applications already approved for the body of water.
d) The Department may deny issuance of the requested LOP if:
   1) The proposed chemical is not labeled and registered for the

intended use by the USEPA;

2) The Fox Waterway Agency recommends to the Department that a LOP not be granted;
3) The Department determines the proposed treatment will result in a hazard to humans, animals or other non-targeted organisms, or will not provide nuisance relief;
4) The Department determines that the proposed treatment will result in a significant adverse effect on the body of water or will place unreasonable restrictions on existing water uses;
5) The proposed treatment is for waters beyond 75 feet from the shore except where approval is given by the Department to maintain navigation channels, piers or other facilities used by organizations or the public, including commercial facilities;
6) The Department determines that the proposed treatment will significantly injure non-target organisms within the treatment area or adjacent areas either directly or through habitat destruction;
7) The proposed treatment is in a location known to have endangered or threatened species as determined by the Department; or
8) The proposed chemical application is in a location identified by the Department as a sensitive area, except when the applicant demonstrates to the satisfaction of the Department that treatments can be conducted in a manner that will not alter the ecological character or reduce the ecological value of the area.

Section 895.60 Supervision

Supervision by a Department representative may be required for any chemical treatment. Supervision may include inspection of the proposed treatment area, chemicals and application equipment before, during, and after treatment. The inspection may result in the determination that treatment is unnecessary or unwarranted in all or part of the proposed area, or that another chemical or non-chemical method of treatment may be more appropriate.

Section 895.70 Conditions of Letter of Permission

a) The Department may stop or limit the application of chemicals or non-chemical treatments to a body of water if at any time it determines that the treatment will be ineffective, will result in unreasonable restrictions on current water uses, or will produce unnecessary adverse side effects on non-targeted organisms for any of the reasons set forth in Section 895.50.
b) Chemical treatments shall be performed in accordance with label directions, existing pesticide use laws, and LOP conditions.
c) Chemical treatment shall be performed by an applicator currently certified by the Illinois Department of Agriculture in the aquatic category..
d) The LOP holder will be responsible for posting those areas treated in

accordance with water/fishing use restrictions stated on the chemical label. Signs shall be posted at the beginning of each treatment by the LOP holder to remain up for the period of time stated on the chemical label for water use restrictions. Posting of signs shall be in brilliant yellow background with black lettering, and conspicuous to the non-riparian public intending to use the treated water from both the water and shore, and shall state applicable label use restrictions of the chemical being used, the name of the chemical and the date of treatment.

e) The LOP applicant will be responsible for obtaining a permit from Illinois EPA in adherence with 35 Ill. Adm. Code 652.601, where applicable.
f) Failure to comply with the conditions of the LOP may result in loss of privileges for subsequent chemical and non-chemical treatments for aquatic plants in the Illinois public waters of FCOL in addition to any other remedies set out by law.

Section 895.80 Exemptions

An individual property owner who has title to a portion of the FCOL lake bottom and wishes to initiate an aquatic plant management treatment of 0.25 acre or less of the titled lake bottom need not apply for a LOP from the Department. The individual, however, is not exempt from any other applicable laws and/or ordinances.

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED RULES

1) Heading of the Part: Lake Michigan Aquatic Plant Management

2) Code Citation: 17 Ill. Adm. Code 897

3)

Section Numbers:	Proposed Action:
897.10	New Section
897.20	New Section
897.30	New Section
897.40	New Section
897.50	New Section
897.60	New Section
897.70	New Section

4) Statutory Authority: Implementing and authorized by Section 4.9 of the Rivers, Lakes, and Streams Act [615 ILCS 5/4.9] and by Sections 1-15, 1-20, 1-150, 5-5 and 20-35 of the Fish and Aquatic Life Code [515 ILCS 5/1-15, 1-20, 1-150, 5-5 and 20-35.

5) A Complete Description of the Subjects and Issues Involved: The public and contractors have been chemically treating the waters of Lake Michigan without proper authorization. This Part provides a mechanism and guidelines for the proper application of herbicides to the waters of Lake Michigan.

6) Will this rulemaking replace any emergency rule currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Does this rule contain incorporations by reference? No

9) Are there any proposed amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: This rulemaking does not affect units of local government.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments on the proposed rulemaking may be submitted in writing for a period of 45 days following publication of this notice to:

Jack Price
Department of Natural Resources
524 S. Second Street
Springfield IL 62701-1787
217/782-1809

12) Initial Regulatory Flexibility Analysis:

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED RULES

A) Types of small businesses, small municipalities and not for profit corporations affected: Marina operators on Lake Michigan.

B) Reporting, bookkeeping or other procedures required for compliance: Submit one application form per proposed application of aquatic weed control method.

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rule was summarized: This rulemaking was not included on either of the two most recent Regulatory Agendas because: the Department did not anticipate the necessity of filing this Part at the time the Regulatory Agenda was submitted.

The full text of the Proposed Rules begins on the next page:

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED RULES

TITLE 17: CONSERVATION
CHAPTER I: DEPARTMENT OF NATURAL RESOURCES
SUBCHAPTER b: FISH AND WILDLIFE

PART 897
LAKE MICHIGAN AQUATIC PLANT MANAGEMENT

Section
897.10 Summary and Purpose
897.20 Applicability
897.30 Definitions
897.40 Application for Letter of Permission
897.50 Issuance of Letter of Permission
897.60 Supervision
897.70 Conditions of Letter of Permission

AUTHORITY: Implementing and authorized by Section 4.9 of the Rivers, Lakes, and Streams Act [615 ILCS 5/4.9] and by Sections 1-15, 1-20, 1-150, 5-5 and 20-35 of the Fish and Aquatic Life Code [515 ILCS 5/1-15, 1-20, 1-150, 5-5 and 20-35].

SOURCE: Adopted at 25 Ill. Reg. _____, effective _____.

Section 897.10 Summary and Purpose

This Part is established to implement the management of aquatic plants within the Lake Michigan public waters. The intent is to minimize the risks that citizens utilizing the public waters may be unwittingly exposed to aquatic herbicides and that threatened or endangered species of plants and animals may be harmed or destroyed, a balanced aquatic plant community being recognized to be a vital and necessary component of a healthy aquatic ecosystem. The Department may allow the management of nuisance-causing aquatic plants with chemicals registered and labeled for aquatic use by the United States Environmental Protection Agency (USEPA). Other non-chemical methods, determined to be effective by the Department, may also be authorized.

Section 897.20 Applicability

Any person sponsoring or conducting chemical or non-chemical treatment to remove, destroy, or limit the growth of aquatic plants in the Illinois public waters of Lake Michigan shall obtain a Letter of Permission (LOP) from the Department.

Section 897.30 Definitions

"Applicant" - The person, company, or organization that proposes to

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED RULES

apply aquatic herbicides or non-chemical treatments to the Lake Michigan public waters.

"Chemicals" - All EPA approved and registered aquatic herbicides.

"Chemical treatment" - The single, one-time use of a USEPA approved and registered aquatic herbicide to destroy or limit the growth of aquatic plants.

"Client" - The person who contracts with the pest control operator for the described aquatic plant management treatment.

"Department" - The Illinois Department of Natural Resources.

"Illinois public waters of Lake Michigan" - All the open waters of Lake Michigan from the Wisconsin state line south to the Indiana state line and from the Michigan state line west to the Illinois shore, all harbors of the body of water that are or were navigable and are open or dedicated to public use, and the navigation channels connecting these harbors to Lake Michigan

"Letter of Permission" - Document drafted by the Department that specifies the location, date, and method of treatment.

"Non-chemical treatment" - Utilization of plant screens, sediment covers, bottom barriers, blanketing materials that are gas-permeable, or mechanical cutting or removal to destroy or limit the growth of aquatic plants. A non-chemical treatment may consist of a series of actions in the case of mechanical cutting or removal of aquatic plants.

"Non-target organisms" - Any plant, other than nuisance-causing aquatic plants specified on the application, or animal species within the treatment area or adjacent areas that may be adversely affected by the chemical or non-chemical treatment.

"Sensitive area"- Areas of aquatic vegetation identified by the Department as offering critical or unique fish and wildlife habitat, including seasonal or life stage requirements, or offering water quality or erosion control benefits to the body of water. This also includes areas included by the Department on the Illinois Natural Areas Inventory, or registered or dedicated pursuant to the Illinois Natural Areas Preservation Act [525 ILCS 30].

Section 897.40 Application for Letter of Permission

An application for a LOP (form IL-LM01) may be obtained by contacting the Division of Fisheries' Lake Michigan Program (847)294-4134. The completed

application shall be submitted to the Division of Fisheries' Lake Michigan Program, 9511 Harrison Street, Des Plaines IL 60016. Any amendment or revision to a submitted application shall be treated by the Department as a new application.

a) The application shall be accompanied by one copy of a detailed map or sketch of the body of water with the proposed treatment area dimensions clearly shown and with pertinent information necessary to locate those properties, by name of owner, riparian to the treatment area, which may include street address, fire number where available and local telephone number;
b) A description of the uses being impaired by plants and reason for treatment;
c) A description of the plant community within the area to be treated that includes approximate percentage of abundance by species;
d) The product names of chemicals proposed for use, the method of application, and proposed date of treatment;
e) The name of the person or commercial applicator and applicator certification number of the person conducting the treatment;
f) A description of the non-chemical treatment, including type of material, product name if applicable, and proposed date of treatment;
g) The applicant shall certify to the Department that a copy of the application has been provided to any affected property owners' association and to any riparian property owners adjacent to and within the treatment area; and
h) A statement of alternative control methods considered for use on the proposed treatment site and their feasibility.

Section 897.50 Issuance of Letter of Permission

a) The Department shall issue or deny issuance of the requested LOP within 45 days after receipt of a complete application.
b) The LOP shall be issued for a non-chemical method or the single, one-time, use of a USEPA approved and registered aquatic herbicide to remove, destroy or limit the growth of aquatic plants. Exception: In instances where a chemical treatment is proposed to be at reduced application rates with a not-to-exceed dosage limit, over multiple applications, this will be viewed as a one-time application.
c) New applications for a LOP will be reviewed with consideration given to the cumulative effect of applications already approved for the body of water.
d) The Department may deny issuance of the requested LOP if:
    1) The proposed chemical is not labeled and registered for the intended use by the USEPA;
    2) The Department determines that the proposed treatment will result in a hazard to humans, animals, or other non-targeted organisms, or will not provide nuisance relief;
    3) The Department determines that the proposed treatment will result in a significant adverse effect on the body of water or will

place unreasonable restrictions on existing water uses;
    4) The Department determines that the proposed treatment will significantly injure non-target organisms within the treatment area or adjacent areas, either directly or through habitat destruction;
    5) The proposed treatment is in a location known to have endangered or threatened species as determined by the Department; or
    6) The proposed treatment is in a location identified by the Department as a sensitive area, except when the applicant demonstrates to the satisfaction of the Department that the treatment can be conducted in a manner that will not alter the ecological character or reduce the ecological value of the area.

Section 897.60 Supervision

Supervision by a Department representative may be required for any chemical treatment. Supervision may include inspection of the proposed treatment area, chemicals and application equipment before, during, and after treatment. The inspection may result in the determination that treatment is unnecessary or unwarranted in all or part of the proposed area, or that another chemical or non-chemical method of treatment may be more appropriate.

Section 897.70 Conditions of Letter of Permission

a) The Department may stop or limit the application of chemicals or non-chemical treatments to a body of water if at any time it determines that the treatment will be ineffective, will result in unreasonable restrictions on current water uses, or will produce unnecessary adverse side effects on non-targeted organisms for any of the reasons set forth in Section 897.50.
b) Chemical treatment shall be performed in accordance with chemical label directions, existing pesticide use laws, and the LOP conditions.
c) Chemical treatment shall be performed by a licensed pesticide applicator currently certified in the aquatic category by the Illinois Department of Agriculture.
d) The LOP applicant will be responsible for posting treatment areas in accordance with water/fishing use restrictions listed on the chemical label. Signs shall be posted at the beginning of chemical treatment and remain posted for the period of time listed in the use restriction portion of the chemical label. Posted signs shall be brilliant yellow with black lettering, conspicuous to persons intending to use the treated area from both water and shore, and shall state the name of the chemical, date of treatment, and water use restrictions listed on the chemical label.
e) The LOP applicant will be responsible for obtaining a permit from Illinois EPA in adherence with 35 Ill. Adm. Code 652.601, where applicable.
f) Failure to comply with the conditions of the LOP may result in loss of

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED RULES

privileges for subsequent chemical and non-chemical treatments for aquatic plants in the Illinois public waters of Lake Michigan, in addition to any other remedies set out by law.

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Medical Payment

2) Code Citation: 89 Ill. Adm. Code 140

3)

Section Numbers:	Proposed Action:
140.400	Amendment
140.435	Amendment
140.436	Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]

5) Complete Description of the Subjects and Issues Involved: These proposed changes to the Department's administrative rules on medical payment provide for several changes regarding professional nursing services.

Section 140.400 describes payment provisions for laboratories and practitioners, including physicians, dentists, nurses, optometrists, podiatrists and chiropractors. Laboratory references are being stricken since these services are described elsewhere in Part 140. Changes are being made to clarify that the nurse services eligible for Department payment to a practitioner are provided by advanced practice nurses. An advanced practice nurse is a certified pediatric nurse practitioner, certified family nurse practitioner, certified registered nurse anesthetist or a nurse midwife. Clarifications are also being made concerning payment for certified registered nurse anesthetists.

In Section 140.435, certified registered nurse anesthetists are being added as a nurse service eligible for payment by the Department and text relating to coverage for private duty nursing services and in-home nursing services is being stricken. The latter changes are being made as clarifications because payment is provided for private duty nursing services only for children under the age of 21 years who are covered under a waiver, as described in Section 140.645, or are identified as needing the service through an EPSDT screening (Early and Periodic Screening, Diagnosis and Treatment Program), as described in Section 140.485. Home health services are covered only for special circumstances that can reasonably be expected to be short term and rehabilitative in nature. Home health services are described elsewhere in Part 140. Further clarifications are being made in Section 140.436 to describe reimbursement limitations on advanced practice nurse services.

These proposed amendments are not expected to result in any budgetary changes.

6) Will these proposed amendments replace emergency amendments currently in effect? No

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENTS

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed amendments contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? Yes

Sections	Proposed Action	Illinois Register Citation
140.416	Amendment	December 22, 2000; 24 Ill. Reg. 18486
140.417	Amendment	December 22, 2000; 24 Ill. Reg. 18486
140.418	Amendment	December 22, 2000; 24 Ill. Reg. 18486
140.445	Amendment	December 29, 2000; 24 Ill. Reg. 18999
140.446	Amendment	December 29, 2000; 24 Ill. Reg. 18999
140.447	Amendment	December 29, 2000; 24 Ill. Reg. 18999
140.494	Amendment	August 4, 2000; 24 Ill. Reg. 11539
140.642	Amendment	March 2, 2001; 25 Ill. Reg. 3190

10) Statement of Statewide Policy Objectives: These proposed amendments do not affect units of local government.

11) Time, Place, and Manner in Which Interested Persons May Comment on this Proposed Rulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to:

Joanne Jones
Office of the General Counsel, Rules Section
Illinois Department of Public Aid
201 South Grand Avenue East, Third Floor
Springfield, Illinois 62763-0002
(217)524-0081

The Department requests the submission of written comments within 30 days after the publication of this notice. The Department will consider all written comments it receives during the first notice period as required by Section 5-40 of the Illinois Administrative Procedure Act [5 ILCS 100/5-40]. These proposed amendments may have an impact on small businesses, small municipalities, and not-for-profit corporations as defined in Sections 1-75, 1-80 and 1-85 of the Illinois Administrative Procedure Act [5 ILCS 100/1-75, 1-80, 1-85]. These entities may submit comments in writing to the Department at the above address in accordance with the regulatory flexibility provisions in Section 5-30 of the Illinois Administrative Procedure Act [5 ILCS 100/5-30]. These entities shall indicate their status as small businesses, small municipalities, or not-for-profit corporations as part of any written comments they submit to the Department.

12) Initial Regulatory Flexibility Analysis:

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENTS

A) Types of small businesses, small municipalities and not-for-profit corporations affected: Medical service providers will be affected by this rulemaking. The Department is unsure whether any of the affected entities may qualify as small businesses.

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on Which this Rulemaking Was Summarized: This rulemaking was not included on either of the two most recent regulatory agendas because: This rulemaking was not anticipated by the Department when the most recent regulatory agendas were published.

The full text of the Proposed Amendments begins on the next page:

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER d: MEDICAL PROGRAMS

PART 140
MEDICAL PAYMENT

SUBPART A: GENERAL PROVISIONS

SUBPART B: MEDICAL PROVIDER PARTICIPATION

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENTS

SUBPART C: PROVIDER ASSESSMENTS

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENTS

SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENTS

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENTS

SUBPART E: GROUP CARE

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENTS

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENTS

SUBPART F: MEDICAID PARTNERSHIP PROGRAM

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENTS

SUBPART G: MATERNAL AND CHILD HEALTH PROGRAM

SUBPART H: ILLINOIS COMPETITIVE ACCESS AND REIMBURSEMENT EQUITY (ICARE) PROGRAM

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENTS

TABLE C	Capital Cost Areas
TABLE D	Schedule of Dental Procedures
TABLE E	Time Limits for Processing of Prior Approval Requests
TABLE F	Podiatry Service Schedule
TABLE G	Travel Distance Standards
TABLE H	Areas of Major Life Activity
TABLE I	Staff Time and Allocation for Training Programs (Recodified)
TABLE J	HSA Grouping (Repealed)
TABLE K	Services Qualifying for 10% Add-On (Repealed)
TABLE L	Services Qualifying for 10% Add-On to Surgical Incentive Add-On (Repealed)
TABLE M	Enhanced Rates for Maternal and Child Health Provider Services

AUTHORITY: Implementing and authorized by Articles III, IV, V, VI and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V, VI and 12-13].

SOURCE: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10, 1979; rule repealed and new rule adopted at 6 Ill. Reg. 8374, effective July 6, 1982; emergency amendment at 6 Ill. Reg. 8508, effective July 6, 1982, for a maximum of 150 days; amended at 7 Ill. Reg. 681, effective December 30, 1982; amended at 7 Ill. Reg. 7956, effective July 1, 1983; amended at 7 Ill. Reg. 8308, effective July 1, 1983; amended at 7 Ill. Reg. 8271, effective July 5, 1983; emergency amendment at 7 Ill. Reg. 8354, effective July 5, 1983, for a maximum of 150 days; amended at 7 Ill. Reg. 8540, effective July 15, 1983; amended at 7 Ill. Reg. 9382, effective July 22, 1983; amended at 7 Ill. Reg. 12868, effective September 20, 1983; peremptory amendment at 7 Ill. Reg. 15047, effective October 31, 1983; amended at 7 Ill. Reg. 17358, effective December 21, 1983; amended at 8 Ill. Reg. 254, effective December 21, 1983; emergency amendment at 8 Ill. Reg. 580, effective January 1, 1984, for a maximum of 150 days; codified at 8 Ill. Reg. 2483; amended at 8 Ill. Reg. 3012, effective February 22, 1984; amended at 8 Ill. Reg. 5262, effective April 9, 1984; amended at 8 Ill. Reg. 6785, effective April 27, 1984; amended at 8 Ill. Reg. 6983, effective May 9, 1984; amended at 8 Ill. Reg. 7258, effective May 16, 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 7910, effective June 1, 1984; amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8 Ill. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17899; peremptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, effective October 19, 1984; peremptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 24, 1984; peremptory amendment at 8 Ill. Reg. 22155, effective October 29, 1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of 150 days;

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENTS

amended at 8 Ill. Reg. 25067, effective December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 Ill. Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective May 28, 1985; amended at 9 Ill. Reg. 9564, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June 26, 1985; emergency amendment at 9 Ill. Reg. 11403, effective June 27, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11357, effective June 28, 1985; amended at 9 Ill. Reg. 12000, effective July 24, 1985; amended at 9 Ill. Reg. 12306, effective August 5, 1985; amended at 9 Ill. Reg. 13998, effective September 3, 1985; amended at 9 Ill. Reg. 14684, effective September 13, 1985; amended at 9 Ill. Reg. 15503, effective October 4, 1985; amended at 9 Ill. Reg. 16312, effective October 11, 1985; amended at 9 Ill. Reg. 19138, effective December 2, 1985; amended at 9 Ill. Reg. 19737, effective December 9, 1985; amended at 10 Ill. Reg. 238, effective December 27, 1985; emergency amendment at 10 Ill. Reg. 798, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 672, effective January 6, 1986; amended at 10 Ill. Reg. 1206, effective January 13, 1986; amended at 10 Ill. Reg. 3041, effective January 24, 1986; amended at 10 Ill. Reg. 6981, effective April 16, 1986; amended at 10 Ill. Reg. 7825, effective April 30, 1986; amended at 10 Ill. Reg. 8128, effective May 7, 1986; emergency amendment at 10 Ill. Reg. 8912, effective May 13, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 11440, effective June 20, 1986; amended at 10 Ill. Reg. 14714, effective August 27, 1986; amended at 10 Ill. Reg. 15211, effective September 12, 1986; emergency amendment at 10 Ill. Reg. 16729, effective September 18, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 18808, effective October 24, 1986; amended at 10 Ill. Reg. 19742, effective November 12, 1986; amended at 10 Ill. Reg. 21784, effective December 15, 1986; amended at 11 Ill. Reg. 698, effective December 19, 1986; amended at 11 Ill. Reg. 1418, effective December 31, 1986; amended at 11 Ill. Reg. 2323, effective January 16, 1987; amended at 11 Ill. Reg. 4002, effective February 25, 1987; Section 140.71 recodified to 89 Ill. Adm. Code 141 at 11 Ill. Reg. 4302; amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended at 11 Ill. Reg.7664, effective April 15, 1987; emergency amendment at 11 Ill. Reg. 9342, effective April 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill. Reg. 10903, effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22, 1987; amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 Ill. Reg. 12290, effective July 6, 1987; amended at 11 Ill. Reg. 14048, effective August 14, 1987; amended at 11 Ill. Reg. 14771, effective August 25, 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987; amended at 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. 18696, effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective December 14, 1987; amended at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1960, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 5427, effective March 15, 1988; amended at 12 Ill. Reg. 6246, effective March 16, 1988; amended at 12 Ill. Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 140.Table H and 140.Table I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147.Table A and 147.Table B at 12

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENTS

Ill. Reg. 6956; amended at 12 Ill. Reg. 6927, effective April 5, 1988; Sections 140.940 thru 140.972 recodified to 89 Ill. Adm. Code 149.5 thru 149.325 at 12 Ill. Reg. 7401; amended at 12 Ill. Reg. 7695, effective April 21, 1988; amended at 12 Ill. Reg. 10497, effective June 3, 1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; emergency amendment at 12 Ill. Reg. 11868, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12509, effective July 15, 1988; amended at 12 Ill. Reg. 14271, effective August 29, 1988; emergency amendment at 12 Ill. Reg. 16921, effective September 28, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16738, effective October 5, 1988; amended at 12 Ill. Reg. 17879, effective October 24, 1988; amended at 12 Ill. Reg. 18198, effective November 4, 1988; amended at 12 Ill. Reg. 19396, effective November 6, 1988; amended at 12 Ill. Reg. 19734, effective November 15, 1988; amended at 13 Ill. Reg. 125, effective January 1, 1989; amended at 13 Ill. Reg. 2475, effective February 14, 1989; amended at 13 Ill. Reg. 3069, effective February 28, 1989; amended at 13 Ill. Reg. 3351, effective March 6, 1989; amended at 13 Ill. Reg. 3917, effective March 17, 1989; amended at 13 Ill. Reg. 5115, effective April 3, 1989; amended at 13 Ill. Reg. 5718, effective April 10, 1989; amended at 13 Ill. Reg. 7025, effective April 24, 1989; Sections 140.850 thru 140.896 recodified to 89 Ill. Adm. Code 146.5 thru 146.225 at 13 Ill. Reg. 7040; amended at 13 Ill. Reg. 7786, effective May 20, 1989; Sections 140.94 thru 140.398 recodified to 89 Ill. Adm. Code 148.10 thru 148.390 at 13 Ill. Reg. 9572; emergency amendment at 13 Ill. Reg. 10977, effective July 1, 1989, for a maximum of 150 days; emergency expired November 28, 1989; amended at 13 Ill. Reg. 11516, effective July 3, 1989; amended at 13 Ill. Reg. 12119, effective July 7, 1989; Section 140.110 recodified to 89 Ill. Adm. Code 148.120 at 13 Ill. Reg. 12118; amended at 13 Ill. Reg. 12562, effective July 17, 1989; amended at 13 Ill. Reg. 14391, effective August 31, 1989; emergency amendment at 13 Ill. Reg. 15473, effective September 12, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 16992, effective October 16, 1989; amended at 14 Ill. Reg. 190, effective December 21, 1989; amended at 14 Ill. Reg. 2564, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 3241, effective February 14, 1990, for a maximum of 150 days; emergency expired July 14, 1990; amended at 14 Ill. Reg. 4543, effective March 12, 1990; emergency amendment at 14 Ill. Reg. 4577, effective March 6, 1990, for a maximum of 150 days; emergency expired August 3, 1990; emergency amendment at 14 Ill. Reg. 5575, effective April 1, 1990, for a maximum of 150 days; emergency expired August 29, 1990; emergency amendment at 14 Ill. Reg. 5865, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 7141, effective April 27, 1990; emergency amendment at 14 Ill. Reg. 7249, effective April 27, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 10062, effective June 12, 1990; amended at 14 Ill. Reg. 10409, effective June 19, 1990; emergency amendment at 14 Ill. Reg. 12082, effective July 5, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 13262, effective August 6, 1990; emergency amendment at 14 Ill. Reg. 14184, effective August 16, 1990, for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 14570, effective August 22, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14826, effective August 31, 1990; amended at 14 Ill. Reg. 15366, effective September 12, 1990; amended at 14 Ill. Reg. 15981, effective September 21, 1990; amended

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENTS

at 14 Ill. Reg. 17279, effective October 12, 1990; amended at 14 Ill. Reg. 18057, effective October 22, 1990; amended at 14 Ill. Reg. 18508, effective October 30, 1990; amended at 14 Ill. Reg. 18813, effective November 6, 1990; amended at 14 Ill. Reg. 20478, effective December 7, 1990; amended at 14 Ill. Reg. 20729, effective December 12, 1990; amended at 15 Ill. Reg. 298, effective December 28, 1990; emergency amendment at 15 Ill. Reg. 592, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 1051, effective January 18, 1991; Section 140.569 withdrawn at 15 Ill. Reg. 1174; amended at 15 Ill. Reg. 6220, effective April 18, 1991; amended at 15 Ill. Reg. 6534, effective April 30, 1991; amended at 15 Ill. Reg. 8264, effective May 23, 1991; amended at 15 Ill. Reg. 8972, effective June 17, 1991; amended at 15 Ill. Reg. 10114, effective June 21, 1991; amended at 15 Ill. Reg. 10468, effective July 1, 1991; amended at 15 Ill. Reg. 11176, effective August 1, 1991; emergency amendment at 15 Ill. Reg. 11515, effective July 25, 1991, for a maximum of 150 days; emergency expired December 22, 1991; emergency amendment at 15 Ill. Reg. 12919, effective August 15, 1991, for a maximum of 150 days; emergency expired January 12, 1992; emergency amendment at 15 Ill. Reg. 16366, effective October 22, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 17318, effective November 18, 1991; amended at 15 Ill. Reg. 17733, effective November 22, 1991; emergency amendment at 16 Ill. Reg. 300, effective December 20, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 174, effective December 24, 1991; amended at 16 Ill. Reg. 1877, effective January 24, 1992; amended at 16 Ill. Reg. 3552, effective February 28, 1992; amended at 16 Ill. Reg. 4006, effective March 6, 1992; amended at 16 Ill. Reg. 6408, effective March 20, 1992; amended at 16 Ill. Reg. 6849, effective April 7, 1992; amended at 16 Ill. Reg. 7017, effective April 17, 1992; amended at 16 Ill. Reg. 10050, effective June 5, 1992; amended at 16 Ill. Reg. 11174, effective June 26, 1992; expedited correction at 16 Ill. Reg. 11348, effective March 20, 1992; emergency amendment at 16 Ill. Reg. 11947, effective July 10, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 12186, effective July 24, 1992; emergency amendment at 16 Ill. Reg. 13337, effective August 14, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 15109, effective September 21, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 15561, effective September 30, 1992; amended at 16 Ill. Reg. 17302, effective November 2, 1992; emergency amendment at 16 Ill. Reg. 18097, effective November 17, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19146, effective December 1, 1992; amended at 16 Ill. Reg. 19879, effective December 7, 1992; amended at 17 Ill. Reg. 837, effective January 11, 1993; amended at 17 Ill. Reg. 1112, effective January 15, 1993; amended at 17 Ill. Reg. 2290, effective February 15, 1993; amended at 17 Ill. Reg. 2951, effective February 17, 1993; amended at 17 Ill. Reg. 3421, effective February 19, 1993; amended at 17 Ill. Reg. 6196, effective April 5, 1993; amended at 17 Ill. Reg. 6839, effective April 21, 1993; amended at 17 Ill. Reg. 7004, effective May 17, 1993; expedited correction at 17 Ill. Reg. 7078, effective December 1, 1992; emergency amendment at 17 Ill. Reg. 11201, effective July 1, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 15162, effective September 2, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 18152, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 18571, effective October 8, 1993;

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENTS

emergency amendment at 17 Ill. Reg. 18611, effective October 1, 1993, for a maximum of 150 days; emergency amendment suspended effective October 12, 1993; amended at 17 Ill. Reg. 20999, effective November 24, 1993; emergency amendment repealed at 17 Ill. Reg. 22583, effective December 20, 1993; amended at 18 Ill. Reg. 3620, effective February 28, 1994; amended at 18 Ill. Reg. 4250, effective March 4, 1994; amended at 18 Ill. Reg. 5951, effective April 1, 1994; emergency amendment at 18 Ill. Reg. 10922, effective July 1, 1994, for a maximum of 150 days; emergency amendment suspended, effective November 15, 1994; emergency amendment repealed at 19 Ill. Reg. 5839, effective April 4, 1995; amended at 18 Ill. Reg. 11244, effective July 1, 1994; amended at 18 Ill. Reg. 14126, effective August 29, 1994; amended at 18 Ill. Reg. 16675, effective November 1, 1994; amended at 18 Ill. Reg. 18059, effective December 19, 1994; amended at 19 Ill. Reg. 1082, effective January 20, 1995; amended at 19 Ill. Reg. 2933, effective March 1, 1995; emergency amendment at 19 Ill. Reg. 3529, effective March 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 5663, effective April 1, 1995; amended at 19 Ill. Reg. 7919, effective June 5, 1995; emergency amendment at 19 Ill. Reg. 8455, effective June 9, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 9297, effective July 1, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 10252, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 13019, effective September 5, 1995; amended at 19 Ill. Reg. 14440, effective September 29, 1995; emergency amendment at 19 Ill. Reg. 14833, effective October 6, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15441, effective October 26, 1995; amended at 19 Ill. Reg. 15692, effective November 6, 1995; amended at 19 Ill. Reg. 16677, effective November 28, 1995; amended at 20 Ill. Reg. 1210, effective December 29, 1995; amended at 20 Ill. Reg. 4345, effective March 4, 1996; amended at 20 Ill. 5858, effective April 5, 1996; amended at 20 Ill. Reg. 6929, effective May 6, 1996; amended at 20 Ill. Reg. 7922, effective May 31, 1996; amended at 20 Ill. Reg. 9081, effective June 28, 1996; emergency amendment at 20 Ill. Reg. 9312, effective July 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 11332, effective August 1, 1996; amended at 20 Ill. Reg. 14845, effective October 31, 1996; emergency amendment at 21 Ill. Reg. 705, effective December 31, 1996, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 3734, effective March 5, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 4777, effective April 2, 1997; amended at 21 Ill. Reg. 6899, effective May 23, 1997; amended at 21 Ill. Reg. 9763, effective July 15, 1997; amended at 21 Ill. Reg. 11569, effective August 1, 1997; emergency amendment at 21 Ill. Reg. 13857, effective October 1, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 1416, effective December 29, 1997; amended at 22 Ill. Reg. 4412, effective February 27, 1998; amended at 22 Ill. Reg. 7024, effective April 1, 1998; amended at 22 Ill. Reg. 10606, effective June 1, 1998; emergency amendment at 22 Ill. Reg. 13117, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16302, effective August 28, 1998; amended at 22 Ill. Reg. 18979, effective September 30, 1998; amended at 22 Ill. Reg. 19898, effective October 30, 1998; emergency amendment at 22 Ill. Reg. 22108, effective December 1, 1998, for a maximum of 150 days, emergency expired April 29, 1999; amended at 23 Ill. Reg. 5796, effective April 30, 1999; amended at 23 Ill. Reg. 7122, effective June 1, 1999; emergency amendment at 23 Ill.

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENTS

Reg. 8236, effective July 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 9874, effective August 3, 1999; amended at 23 Ill. Reg. 12697, effective October 1, 1999; amended at 23 Ill. Reg. 13646, effective November 1, 1999; amended at 23 Ill. Reg. 14567, effective December 1, 1999; amended at 24 Ill. Reg. 661, effective January 3, 2000; amended at 24 Ill. Reg. 10277, effective July 1, 2000; emergency amendment at 24 Ill. Reg. 10436, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 15086, effective October 1, 2000; amended at 24 Ill. Reg. 18320, effective December 1, 2000; emergency amendment at 24 Ill. Reg. 19344, effective December 15, 2000, for a maximum of 150 days; amended at 25 Ill. Reg. _____, effective _____.

SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

Section 140.400 Payment to Practitioners~~, Nurses and Laboratories~~

a) This Section applies to physicians, dentists, advanced practice nurses (see Section 140.435(a)), optometrists, podiatrists and~~,~~ chiropractors ~~and independent laboratories~~.

1) Practitioners~~, nurses and independent laboratories~~ are required to bill the Medical Assistance Program at the same rate they charge patients paying their own bills and patients covered by other third party payors.

2) A practitioner ~~or nurse~~ may bill only for services he or she personally provides or which are provided under his or her direct supervision in his or her office by his or her staff, so long as such practice is not in conflict with the Nursing and Advanced Practice Nursing Act ~~Illinois Nursing Act of 1987~~ [225 ILCS 65] and implementing rules ~~regulations. A certified pediatric nurse practitioner or certified family nurse practitioner may bill only for the services personally provided by the individual nurse practitioner. A practitioner may not bill for services provided by another practitioner even though he or she may be in the employ of the other~~.

3) Payment will be made only in the practitioner's ~~or nurse's~~ name or a Department approved alternate payee.

4) Payments will be made according to a schedule of statewide pricing screens established by the Department except that a ~~of Public Aid. (Exception: A certified pediatric nurse~~ practitioner, certified family nurse practitioner, ~~certified~~ registered nurse anesthetist and a nurse midwife will be reimbursed for covered services at 70 percent of the established screen. Covered ~~, and covered~~ services provided by qualifying providers under the Maternal and Child Health Program~~,~~ which will be reimbursed at enhanced rates as described in ~~(see~~ subsection (b) of this Section. ~~below).~~) The pricing screens are to be established based on consideration of the market value of the service. In considering the market value, the Department will

examine the costs of operations and material. Input from advisory groups designated by statute, generally recognized provider interest groups and the general public will be taken into consideration in determining the allocation of available funds to rate adjustments. Increases in rates are contingent upon funds appropriated by the General Assembly. Reductions or increases may be affected by changes in the market place or changes in funding available for the Medical Assistance Program. Screens will be related to the average statewide charge. The upper limit for services shall not exceed the lowest Medicare charge levels.

b) Providers who meet the qualifications for and enter into a Primary Care Provider Agreement for participation in the Maternal and Child Health Program, as described in Subpart G, will receive enhanced reimbursement in accordance with Section 140.930(a)(1).

c) The Department will distribute (initially and upon revision of the amounts) to practitioners~~,--nurses--and--laboratories~~ the maximum allowable amounts for the most commonly billed procedures codes. Interested individuals may request a copy of the maximum allowable amounts from the Department by directing the request to the Bureau of Comprehensive Health Services, Prescott E. Bloom Building, 201 South Grand Avenue East, Springfield, Illinois 62763-0001. In addition, a participating individual practitioner may request the maximum allowable amounts for less commonly billed specific procedures that relate to the individual's practice. This request must be in writing and identify specific procedure codes and associated descriptions.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

Section 140.435 Advanced Practice Nurse Services

a) "Advanced practice nurse" means a certified pediatric nurse practitioner, certified family nurse practitioner, certified nurse midwife or certified registered nurse anesthetist. ~~Payment for nurse services shall be made only to licensed nurses.~~

1) Payment for nurse midwife services shall be made only to a registered professional nurse (R.N.) who holds a valid ~~Illinois~~ license in the state of practice, ~~and~~ is legally authorized under state ~~State~~ law or rule ~~regulation~~ to practice as a nurse midwife ~~nurse-midwife~~ so long as such practice is not in conflict with the Nursing and Advanced Practice Nursing Act ~~Illinois Nursing Act of 1987~~ [225 ILCS 65] and its implementing rules ~~regulations~~ and has completed a program of study and clinical experience for nurse midwives that is ~~nurse-midwives~~ accredited/approved by the American College of Nurse-Midwives. A nurse midwife ~~nurse-midwife~~ must have and maintain a current agreement with a physician licensed to practice medicine in all its branches who

has hospital delivery privileges. ~~A copy of this signed agreement must be on file with the Department.~~

2) Payment for certified pediatric nurse practitioner services ~~practitioners~~ and certified family nurse practitioner services ~~practitioners~~ shall be made only to a registered professional nurse (R.N.) who holds a valid ~~Illinois~~ license in the state of practice and is legally authorized under state ~~State~~ law or rule to practice as a nurse practitioner so long as such practice is not in conflict with the Nursing and Advanced Practice Nursing Act ~~Illinois Nursing Act of 1987~~ [225 ILCS 65], the Medical Practice Act of 1987 [225 ILCS 60] and their ~~the~~ implementing rules ~~regulations~~. The nurse practitioner shall also have completed a program of study and clinical experience for certified pediatric nurse practitioners ~~Practitioner~~ or certified family nurse practitioners that ~~practitioner which~~ is accredited and approved by the appropriate accreditation board ~~Accreditation Board~~. Certified pediatric nurse practitioners must be certified by the American Nurses Association or by the National Board of Pediatric Nurse Practitioners and Associates. A certified family nurse practitioner must be certified by the American Nurses Association. A certified pediatric or family nurse practitioner must have and maintain a current agreement with the physician licensed to practice medicine in all its branches who has hospital admitting privileges including delivery privileges where applicable.

3) Payment for certified registered nurse anesthetist services shall be made only to a registered professional nurse (R.N.) who holds a valid license in the state of practice and is legally authorized under state law or rule to practice as a nurse anesthetist so long as such practice is not in conflict with the Nursing and Advanced Practice Nursing Act [225 ILCS 65] and its implementing rules. A certified registered nurse anesthetist must be certified as a registered nurse anesthetist by the American Association of Nurse Anesthetists.

b) The agreement required under Section 140.435(a)(1) and (2) shall be in the following form. This agreement must explain the oversight of the nurse by a physician authorized to practice medicine in all its branches and authorize the specific procedures or categories of procedures which may be performed. The services to be provided must be services which the physician generally provides his or her patients in the normal course of their medical practice. The agreement must specify which authorized procedures do not require a physician's presence as the procedures are being performed. The nurses shall identify themselves as a nurse practitioner to the patient. The issuance of a prescription or a medical diagnosis does not constitute an authorized procedure for reimbursement. The agreement must specify the parameters and detail all authorized procedures that may be carried out. A copy of this signed agreement must be submitted to ~~on~~

~~file with~~ the Department with the initial application for enrollment. The agreement ~~and~~ must be updated annually and maintained on file at each practice location. The advanced practice nurse must notify the Department immediately if the agreement is dissolved and the enrollment will be terminated.

~~b) Payment shall be made for nurse services specified below:~~

~~1) In-Home Nursing Services~~

~~2) Private duty nursing services~~

~~c) Payment shall be made for nurse midwife, certified pediatric and family nurse practitioner services in compliance with the physician agreement required under this Section so long as such services do not conflict with the Illinois Nursing Act of 1987 (225 ILCS 65) or the Medical Practice Act of 1987 (225 ILCS 60) and their implementing regulations.~~

(Source: Amended at 25 Ill. Reg. _____, effective _____)

Section 140.436 Limitations on Advanced Practice Nurse Services

~~The following limitations apply to nurse and nurse midwifery services:~~

~~a) Prior Approval~~

~~1) Prior approval is required for:~~

~~A) In-home nursing services~~

~~B) Private duty nursing services~~

~~2) The decision to deny or approve a request will be made within 21 days of the date the request is received and all necessary information is received.~~

~~b) Payment shall be made for in-home nursing services only when there is no Medicare certified home health agency available to provide the needed services and the cost of the in-home care is less than alternate care in a group care facility.~~

~~c) In-home and private duty nursing services and nurse midwifery services provided to recipients of General Assistance and Aid to the Medically Indigent (categories 07 and 97) or the Migrant Medical Program (category 97) are not reimbursable.~~

~~d)~~The following will not be reimbursed:

a~~1~~) Nursing services provided in the role of Physician Assistant ~~or Nurse Practitioner~~.

b~~2~~) Mileage to and from place of service.

~~3) Provision of equipment and supplies.~~

~~4) X rays, except for ultrasounds of the pregnant uterus.~~

~~5) Amniocentesis.~~

c6) Consultations between advanced practice nurses ~~nurse midwives~~ or between an advanced practice nurse ~~nurse midwife~~ and a physician.

~~7) Services not specified in the Department's Nurse Handbook.~~

(Source: Amended at 25 Ill. Reg. _____, effective

_____)

DEPARTMENT OF STATE POLICE

NOTICE OF PROPOSED RULES

1) Heading of the Part: Emission Inspection Training and Certification

2) Code Citation: 20 Ill. Adm. Code 1293

3)

Section Numbers:	Proposed Action:
1293.10	New Section
1293.20	New Section
1293.30	New Section

4) Statutory Authority: Implementing and authorized by Section 13-102.1 of the Illinois Vehicle Code [625 ILCS 5/13-102.1] and authorized by Section 55a of the Civil Administrative Code of Illinois [20 ILCS 2605/55a].

5) A Complete Description of the Subjects and Issues Involved: This rulemaking will establish administrative rules for the training and certification of persons who conduct diesel emission inspections.

6) Will this proposed rulemaking replace an emergency rule currently in effect? Yes

7) Does this rulemaking contain an automatic repeal date? No

8) Does this proposed rule contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: These rules will not require a local government to establish, expand, or modify its activities in such a way as to necessitate additional expenditures from local revenues.

11) Time, place and manner in which interested persons may comment on this proposed rulemaking: Within 45 days after the date of publication of this Notice, any interested person may submit comments, data, views, or argument regarding the proposed rules. The submissions must be in writing and directed to:

Mr. James W. Redlich
Chief Legal Counsel
Illinois State Police
124 East Adams Street, Room 102
Post Office Box 19461
Springfield, Illinois 62794-9461
Telephone: (217) 782-7658
Fax: (217) 524-5743

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit

DEPARTMENT OF STATE POLICE

NOTICE OF PROPOSED RULES

corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: Individuals will be required to complete training and pass a written examination in order to become certified to conduct diesel emission inspections.

13) Regulatory Agenda on which this rulemaking was summarized: January 2001

The full text of the Proposed Rules is identical to the text of the Emergency Rules published in this issue of the *Illinois Register* on page 4047.

DEPARTMENT OF VETERANS' AFFAIRS

NOTICE OF PROPOSED AMENDMENT

1) Heading of the Part: Payment of Maintenance Charges and Income Management at the Illinois Veterans Homes

2) Code Citation: 95 Ill. Adm. Code 108

3)

Section Numbers:	Proposed Action:
108.20	Amendment
108.40	Amendment
108.50	Amendment
108.70	Amendment
108.80	Amendment
108.90	Amendment
108.100	Amendment
108.110	Amendment
108.120	Amendment
108.130	Amendment
108.140	Amendemnt
108.150	Amendment
108.160	Amendment
108.170	Amendment

4) Statutory Authority: 20 ILCS 2805

5) A Complete Description of the Subjects and Issues Involved: This rulemaking updates statutory references in the Authority Note. It changes the terminology from Superintendent to Administrator and the United States Veterans Administration to the Department of Veterans Affairs (USDVA). It also updates the Illinois Veterans Home's payment and income management requirements to comply with current State statutes, Illinois Department of Public Health regulations and USDVA regulations. Section 108.130 raises the minimum allowance exclusion for the resident from $80 to $100. It is anticipated that this will be of minimum fiscal impact on the Department's income. Section 108.160 eliminates the requirement for the Illinois Veterans Home to recuperate the maximum maintenance payments from the resident's estate, returning the individual's maintenance payment to being based on service and income rather than assets. Section 108.170 requires the Department to establish and revise annually the calculations for dependency allowances. Minimum fiscal impact to the State is anticipated from this revision.

6) Will this rulemaking replace any emergency rulemaking currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Does this rulemaking contain incorporations by reference? No

9) Are there any other proposed rulemakings pending on this Part? No

DEPARTMENT OF VETERANS' AFFAIRS

NOTICE OF PROPOSED AMENDMENT

10) Statement of Statewide Policy Objectives: This rulemaking will neither create nor expand a state mandate.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking:

Donald Bullerman
833 S. Spring Street - PO Box 19432
Springfield IL 62794-9432
(217)785-7208

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: The Department will continue to follow current agency policy, procedures and compliance measures.

C) Types of professional skills necessary for compliance: The Department will continue current agency staff to comply with this rule.

13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the 2 most recent agendas because: The Department is currently reviewing and examining all agency rules.

The full text of the Proposed Amendment begins on the next page:

DEPARTMENT OF VETERANS' AFFAIRS

NOTICE OF PROPOSED AMENDMENT

TITLE 95: VETERANS AND MILITARY AFFAIRS
CHAPTER I: DEPARTMENT OF VETERANS' AFFAIRS

PART 108
PAYMENT OF MAINTENANCE CHARGES AND INCOME MANAGEMENT
AT THE ILLINOIS VETERANS HOMES

Section
108.10 Resident Liability for Payment of Maintenance Charges
108.20 Allowances for Unusual Expenses
108.30 Investigation of Financial Condition of Residents
108.40 Filing of Financial Statements
108.50 Income Used in Computing Maintenance Charge
108.60 Rejection of Application or Discharge from Homes
108.70 Allowance Based on Total Income
108.80 Purchase of Personal Items
108.90 Due Date of Maintenance Charges
108.100 Liability of Conservator
108.110 Transmittal of Funds
108.120 Failure to Pay Maintenance Charges
108.130 Assessment of Maintenance Charges
108.140 Deposit Requirements
108.150 Allowable Unusual Expenses
108.160 Claims Against the Residents' Estates
108.170 Maintenance Charges for Member With Dependent

AUTHORITY: Implementing Sections 2 and 2.03, and authorized by Sections 2 and 2.06 of the Department of Veterans Affairs Act [20 ILCS 2805].

SOURCE: Rules filed and effective December 15, 1977; codified at 6 Ill. Reg. 17, p. 64, effective May 1, 1979; codified at 6 Ill. Reg. 8440; amended at 12 Ill. Reg. 4225, effective February 29, 1988; amended at 25 Ill. Reg. _____, effective _____.

Section 108.20 Allowances for Unusual Expenses

An Administrator ~~A Superintendent~~, upon being furnished proof of payment or proof of indebtedness, may make allowances for unusual expenses in determining the ability of the resident to pay maintenance charges. Admission of residents shall not be limited or conditioned in any manner by their financial status or their ability to pay the maintenance charges. Refusal or failure to pay the established maintenance charges shall be cause for discharge of a resident from a Home.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

Section 108.40 Filing of Financial Statements

DEPARTMENT OF VETERANS' AFFAIRS

NOTICE OF PROPOSED AMENDMENT

a) Annually, between January ~~February~~ 1 and February 8 ~~20~~ of each year, each resident or applicant shall file a sworn financial statement, on the appropriate form ~~Form~~, on which shall be reported income from any and all sources as well as assets. The resident or applicant shall also indicate responsibility for the support of any dependent which should be considered in fixing the amount of his (her) monthly charges. When changes occur in a resident's income and/or assets, he (she) is required to complete a new financial statement. If changes are undisclosed, upon discovery, monthly maintenance charges will be adjusted retroactively to the effective date of the income change.

b) Since many of the residents of the Veterans Homes receive, in conjunction with their United States Department of Veterans ~~Veterans'~~ Affairs (USDVA) ~~Administration (V.A.)~~ pension, an extra monetary award, either Aid and Attendance or Housebound Benefits, this extra amount will be due and shall be collected by the Homes and then the monthly maintenance charge shall be based on the balance of the resident's total income. The Aid and Attendance or Housebound Benefits from the USDVA ~~V.A.~~ shall be incorporated in the resident's total payment and shall be due on the first of each month and must be collected no later than the tenth day of each month.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

Section 108.50 Income Used in Computing Maintenance Charge

a) Income used in computing the maintenance charge shall include:
   1) Social Security benefits less the premium for Part B Medicare.
   2) Retirement benefits.
   3) Income from annuities.
   4) Insurance payment benefits.
   5) Rental from property.
   6) Farm income.
   7) Interest income earned from the resident's personal funds maintained in the Home's Trust Fund.
   8) ~~7)~~ Income from assets or other sources that would be reportable for income tax purposes.
   9) ~~8)~~ United States Department of Veterans Affairs ~~Veterans Administration~~ pension or compensation (including widows' pensions).

b) The only income that shall be excluded in computing the monthly maintenance charges shall be that which a resident receives as wages for "work therapy" programs at ~~employment on the residents' payroll of~~ a Home.

c) If a resident maintains an outside health insurance policy for his/herself, the amount of monthly premiums paid for the health insurance shall be substracted from the resident's gross income prior to calculating the maintenance fee.

DEPARTMENT OF VETERANS' AFFAIRS

NOTICE OF PROPOSED AMENDMENT

(Source: Amended at 25 Ill. Reg. _____, effective _____)

Section 108.70 Allowance Based on Total Income

An allowance based on total income shall be made in computing a resident's monthly maintenance charge if it is necessary to contribute to the support of a legal dependent. ~~(See Section 108.170).~~ Legal dependents shall only be the mother, father, wife, husband, or minor child of a resident who by reason of insufficient financial resources must have such contributions in order to maintain themselves. An older child who is totally incapacitated may also be recognized when dependent on the resident for support.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

Section 108.80 Purchase of Personal Items

Residents shall, from that portion of their monthly income which is in excess of their maintenance charges, purchase all items for their personal comfort, including necessary clothing, non-prescribed medication and ~~routine~~ medication prescribed by a non-staff physician, but not available from the Home's ~~institution~~ drug supply.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

Section 108.90 Due Date of Maintenance Charges

Maintenance charges are due the first of the month following the month of admission and each month following the month of admission and each month thereafter, and shall be paid in full for the month by the resident on or before the tenth day. A resident may be permitted to pay the charge in quarterly or on some other advance basis if such arrangements are more satisfactory to him (her). Maintenance charges will be assessed to a resident who enters a Home at any time during a month. Assessment of the cost of maintenance charges for periods of less than one month's care shall be calculated beginning on the day of admission and shall include the number of days an individual ~~a resident~~ is a resident ~~member~~. Maintenance charges will be assessed to a resident who takes a leave of absence for a period of 30 days or less to guarantee reservation of the resident's living quarters upon his (her) return to the Home. Maintenance charges will not be assessed to a resident who takes a leave of absence consisting of 31 days or more, and his (her) living quarters will not be reserved. Refunds of maintenance charges upon death or discharge of a resident will be calculated by pro-rating the maintenance charges for ~~determining~~ the days ~~cost~~ of care provided during the month of death or discharge, and subtracting such amount, as well as any unpaid charges for which the resident was liable, from the resident's paid maintenance

DEPARTMENT OF VETERANS' AFFAIRS

NOTICE OF PROPOSED AMENDMENT

charges. The resident's monthly Aid and Attendance payments are non-refundable.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

Section 108.100 Liability of Conservator

If a resident is under a conservatorship, the conservator shall be liable for payment of the maintenance charge as determined for that resident. If a resident is under an institutional award from the United States Department of Veterans Affairs (USDVA) ~~Veterans Administration~~, the USDVA ~~Veterans Administration~~ shall be liable for payment of that portion of the maintenance charge required to be collected from USDVA ~~Veterans Administration~~ Funds for the account of that resident.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

Section 108.110 Transmittal of Funds

Funds received as payment for maintenance charges shall be transmitted to the State Administrative Offices of the Illinois Department of Veterans' Affairs ~~(Department)~~ for deposit with the State Treasurer of the State of Illinois in each Veterans Home Fund respectively, ~~the Quincy Veterans Home or the Manteno Veterans' Home Funds,~~ in accordance with statutory provisions and established fiscal procedures.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

Section 108.120 Failure to Pay Maintenance Charges

a) When a resident is discharged for failure to pay the established maintenance charge, he (she) shall not be eligible for readmission to a Home until an exclusion period of three months has elapsed.

b) A person who has been discharged by reason of non-payment of a maintenance charge may apply for readmission after the ~~a~~ three-month period of exclusion. The former resident will be subject to the Home's established eligibility standards and waiting lists. Any ~~and any~~ indebtedness owed to the State of Illinois must be paid in full on the first day of readmission, or arrangements to pay such charges must be agreed to by the individual and the Administrator of a Home.

c) A resident who voluntarily leaves a Home after the fifth day of the month shall not be eligible for readmission to a Home until such charges are paid in full, or arrangements to pay such charges are agreed to by the individual and the Administrator ~~Superintendent~~ of a Home.

DEPARTMENT OF VETERANS' AFFAIRS

NOTICE OF PROPOSED AMENDMENT

(Source: Amended at 25 Ill. Reg. _____, effective _____)

Section 108.130 Assessment of Maintenance Charges

a) Maintenance charges for each resident of an Illinois Veterans ~~Veterans'~~ Home shall be assessed at the rate of 90% of all income in excess of $100 ~~$80~~ per month up to, but not exceeding the average annual per capita cost of maintenance as computed annually.

b) Veteran and spouse, both at a Home, will each pay maintenance charges based upon one-half of their combined monthly income, and are each entitled to the $100 ~~$80~~ exclusion.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

Section 108.140 Deposit Requirements

a) Whenever it is deemed necessary to health, order, safety, or general welfare of a resident, the Administrator ~~a Superintendent~~ may require the resident to deposit in a resident's trust fund at a Home such monies from any source of income as may be determined necessary, and disbursement of these funds to the resident shall be made only by direction of the Administrator ~~a Superintendent~~.

b) In case a resident has a dependent child, spouse, or parent, the Administrator ~~a Superintendent~~ may require that all monies received by the resident be deposited in the resident's trust fund with dependency contributions being made at the direction of the Administrator ~~a Superintendent~~. Any balance retained may be disbursed to the resident as needed by direction of the Administrator ~~a Superintendent~~ and shall be paid to the resident at the time of discharge or to the resident's estate ~~legal heirs~~ after death of the resident.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

Section 108.150 Allowable Unusual Expenses

a) Allowable unusual expenses for which a maintenance charge reduction may be approved by the Administrator ~~a Superintendent~~ shall only be in these categories:
   1) Prosthetic, orthopedic, or paraplegic appliances.
   2) Sensory aids.
   3) Non-standard wheelchairs of special or custom construction or adaptation ~~Wheelchairs~~.
   4) Therapy services upon the recommendation of a staff physician.
   5) Hospital, medical, and surgical expenses in other than a United States Department of Veterans ~~Veterans'~~ Affairs ~~Administration~~ Hospital/Medical Center ~~Hospitals~~ when recommended by a staff physician and approved by the Administrator ~~a Superintendent~~.
   6) Funeral expenses for dependents.

b) When the Administrator ~~a Superintendent~~ approves an allowance for an unusual expense, the resident's ~~amount of the reduction in the~~ monthly maintenance charge shall be reduced by that allowance ~~collected~~. The amount of the allowance shall then be deducted from the resident's trust fund account ~~resident on or before the tenth day of each month. These collections shall be deposited in the resident's trust fund account~~ and payment shall be made monthly from this account by a Home to the proper payee on behalf of the resident. The allowance for an unusual expense can be a one-time allowance or an ongoing allowance. If an allowance is approved ~~by a Superintendent~~ for the support of a legal dependent, the sum the resident contributes shall be collected on or before the tenth day of each month, deposited in the resident's trust fund account, and payment made monthly from this account by a Home to the legal dependent on behalf of the resident.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

Section 108.160 Claims Against the Residents' Estates

Maintenance charges unpaid upon the death of a resident or former resident shall constitute a claim against that resident's estate. The Department shall file a claim for unpaid maintenance charges against the estate in accordance with procedures prescribed by the Uncollected State Claims Act ~~"AN ACT in relation to uncollected claims and accounts receivable of State agencies."~~ [30 ILCS 205] and the Illinois State Collection Act of 1986 [30 ILCS 210]. Upon the death of a resident with a personal fund deposited with the Home, the Home management must convey within 30 days the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate. Employees of an Illinois Veterans Home shall be prohibited from serving as the executor of a resident's estate. ~~(Ill. Rev. Stat. 1985, ch. 15, par. 101 et. seq.) The Department shall also file a claim against a decedent's estate for the difference between the payments per capita charges during the period of residency subsequent to January 1, 1962, through April 30, 1979, if the value of the estate exceeds $5,000.00, with any homestead acquired prior to date of admission to a Home being excluded in determining the estate value. Upon the death of a resident, the balance of the trust fund in the deceased resident's account shall not be released for 30 days, after which funds not to exceed $500.00, including any burial allowance payable by the United States Veterans Administration, may be released for funeral and other emergency expenses. When arrangements are made for settlement of any unpaid maintenance charges, the balance remaining in the trust fund shall be released upon proper probate action or execution of a Payment or Delivery of a Small Estates Claim Affidavit and an inheritance tax release of decedent.~~ The Administrator (or Executor) of the estate, the

DEPARTMENT OF VETERANS' AFFAIRS

NOTICE OF PROPOSED AMENDMENT

DEPARTMENT OF VETERANS' AFFAIRS

NOTICE OF PROPOSED AMENDMENT

attorney for the estate and/or other agencies or persons holding assets of the deceased resident shall be notified of the Department's claim against the estate.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

Section 108.170 Maintenance Charges for Member With Dependent

a) Each resident ~~member~~ of a Home who receives a pension or compensation and who has dependents ~~a dependent(s)~~ requiring his (her) support may voluntarily contribute a monthly dependency allowance. ~~based upon the following scale:~~

~~Monthly Dependent's Income~~	~~Monthly Dependency Allowance~~
~~$200~~	~~$0~~
~~175---199~~	~~25~~
~~150---174~~	~~50~~
~~125---149~~	~~75~~
~~100---124~~	~~100~~
~~75---99~~	~~125~~
~~50---74~~	~~150~~
~~25---49~~	~~175~~
~~0---24~~	~~200~~

b) The Illinois Department of Veterans' Affairs shall establish a standardized monthly dependency allowance scale to be reviewed annually. The scale shall be based upon the dependent's monthly income and the annual cost of living index.

c) Each resident's monthly dependency contribution will be adjusted, as required, after the annual financial review. (See Section 108.40.)

d) If more than one dependent requires support from the resident ~~member~~, the allowance will be based upon one-fourth of the Department's standardized ~~above~~ scale, for each additional dependent. The resident ~~member~~ may contribute a greater amount, income allowing.~~?~~ However ~~however~~, his (her) income will be adjusted in accordance with the Department's standardized monthly dependency allowance ~~above~~ scale.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

DEPARTMENT OF COMMERCE AND COMMUNITY AFFAIRS

NOTICE OF ADOPTED REPEALER

1) Heading of the Part: Emergency Community Services Homeless Grant Program

2) Code Citation: 47 Ill. Adm. Code 125

3)

Section Numbers:	Adopted Action:
125.10	Repeal
125.20	Repeal
125.30	Repeal
125.40	Repeal
125.50	Repeal
125.60	Repeal
125.70	Repeal
125.80	Repeal
125.90	Repeal
125.100	Repeal
125.110	Repeal
125.120	Repeal
125.130	Repeal
125.140	Repeal

4) Stautory Authority: Implementing Title VII, Subtitle D of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11461-11464 and 11472, as amended by P.L. 100-628, effective November 7, 1988, and P.L. 101-645, effective November 29, 1990) and the Illinois Economic Opportunity Act (Ill. Rev. Stat. 1991, ch. 127, pars. 2601 et seq., as amended by P.A. 87-926, effective August 26, 1992) [20 ILCS 625] and authorized by Section 46.42 of the Civil Administrative Code of Illinois (Ill. Rev. Stat. 1991, ch. 127, par. 46.42) [20 ILCS 605/46.42].

5) Effective Date of the Repeal: March 1, 2001

6) Does this rulemaking contain an automatic repeal date? No

7) Does this repealer contain incorporations by reference? No

8) A copy of the adopted repealer, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in the Illinois Register: Published at 24 Ill. Reg. 15335 on October 20, 2000.

10) Has JCAR issued a Statement of Objection to this rulemaking? No

11) Difference between proposal and final version: None

12) Have all the changes agreed upon by the agency and JCAR been made as

DEPARTMENT OF COMMERCE AND COMMUNITY AFFAIRS

NOTICE OF ADOPTED REPEALER

indicated in the agreements issued by JCAR? No changes were necessary.

13) Will this repealer replace an emergency repealer currently in effect? Yes

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of the Repealer: These rules were promulgated relative to the Department's administration of the federally-funded Emergency Services Homeless Grant Program. This program was a part of the Stewart B. McKinney Homeless Assistance Act of 1987 and was funded to the state from 1988 through September 1995. It was eliminated as a federal program in 1995 and has not been funded since that time.

16) Information and questions regarding this adopted repealer shall be directed to:

Ms Raya Bogard
Administrative Code Rules Manager
Illinois Department of Commerce and Community Affairs
100 West Randolph Street, Suite 3-400
Chicago, Illinois 60601
(312) 814-9593

DEPARTMENT OF THE LOTTERY

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Organization, Rulemaking and Public Information

2) Code Citation: 2 Ill. Adm. Code 1350

3)

Section Numbers:	Adopted Action:
1350.110	Amendment
1350.120	Amendment
APPENDIX A	Amendment

4) Statutory Authority: Implementing and authorized by Section 5-15 of the Illinois Administrative Procedure Act [5 ILCS 100/5-15] and Section 7.1 of the Illinois Lottery Law [20 ILCS 1605/7.1].

5) Effective Date of Rulemaking: March 5, 2001

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? No

8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in *Illinois Register*: Organizational rules are not reviewed by JCAR.

10) Has JCAR issued a Statement of Objections to these rules? Organizational rules are not reviewed by JCAR.

11) Differences between proposal and final version: As noted above, these rules were not required to be submitted in proposed format.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? As noted above, these rules were not required to be reviewed by JCAR.

13) Will this rulemaking replace an emergency rule currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Rulemaking: These amendments reflect a relocation of one of the Lottery's Regional Offices, a correction to the title of one of Lottery's executive staff, and the reorganization or realignment of several areas of the agency.

16) Information and questions regarding these adopted amendments shall be directed to:

DEPARTMENT OF THE LOTTERY

NOTICE OF ADOPTED AMENDMENTS

Lisa A. Crites, Rules Coordinator
Illinois Department of the Lottery
201 East Madison Street
Springfield, Illinois 62702
217/524-5253
TDD: 217/524-5250
Fax: 217/524-5235

The full text of the adopted amendments begins on the next page:

DEPARTMENT OF THE LOTTERY

NOTICE OF ADOPTED AMENDMENTS

TITLE 2: GOVERNMENTAL ORGANIZATION
SUBTITLE D: CODE DEPARTMENTS
CHAPTER XXVII: DEPARTMENT OF THE LOTTERY

PART 1350
ORGANIZATION, RULEMAKING AND PUBLIC INFORMATION

SUBPART A: GENERAL

Section
1350.10 Definitions
1350.20 Origin and Purpose

SUBPART B: ORGANIZATION

1350.110 Office Locations
1350.120 Organization Structure

SUBPART C: RULEMAKING

1350.210 Rulemaking Procedure

SUBPART D: PUBLIC INFORMATION

1350.310 Form of Requests for Information
1350.320 Disclosure of Information
1350.330 Fees for Information

APPENDIX A Organization Chart

AUTHORITY: Implementing and authorized by Section 5-15 of the Illinois Administrative Procedure Act [5 ILCS 100/5-15] and Section 7.1 of the Illinois Lottery Law [20 ILCS 1605/7.1].

SOURCE: Adopted at 20 Ill. Reg. 6894, effective May 7, 1996; amended at 23 Ill. Reg. 14122, effective November 22, 1999; amended at 25 Ill. Reg. 3840, effective March 5, 2001.

SUBPART B: ORGANIZATION

Section 1350.110 Office Locations

The principal offices of the Department are located at 201 East Madison Street, Springfield, Illinois 62702 and 676 North Saint Clair, Suite 2040, Chicago, Illinois 60611. There are six regional and district offices located statewide which provide service and support to Lottery retailers and players, as well as a collections office located in Chicago. The statewide office addresses are as follows:

DEPARTMENT OF THE LOTTERY

NOTICE OF ADOPTED AMENDMENTS

Region 1
10001 Derby Lane
Westchester, IL 60154

Region 2
800 Roosevelt Road
Building D, Suite 102
~~200 West 22nd Street~~
Glen Ellyn, IL 60137
~~Lombard, IL 60148~~

Region 3
200 South Wyman
Rockford, IL 61101

Region 4, District 8
3327 Mississippi Avenue
Cahokia, IL 62206

Region 4, District 9
1702 Broadway, Suite C
Mt. Vernon, IL 62864

Region 5
308 Eldorado Road
Bloomington, IL 61702

Collections
8616 South Pulaski
Chicago, IL 60652

(Source: Amended at 25 Ill. Reg. 3840, effective March 5, 2001)

Section 1350.120 Organization Structure

The Department is comprised of the Office of the Director, Marketing Division, Finance Division, and Operations Division. Certain aspects of the Department's operation are additionally overseen by the Lottery Control Board. The structure and responsibilities of each organizational segment of the Department are as follows:

a) The Office of the Director consists of the Director of the Department; Associate Director ~~Assistant Director (Senior Public Service Administrator or "SPSA")~~; Executive Assistant to the Director in Chicago; Public Information Office; Internal Audit Unit; Legal Unit; Legislative Liaison; Human Resources Section; ~~and~~ Creative and Promotions Unit; Sales Section and Retailer Relations Unit. The Office of the Director also assumes functional responsibility for the Administrative Operations Section ~~Sales Section~~.

1) The Director, with the support of the Executive Assistant, oversees all aspects of agency operations.

2) The Associate Director ~~Assistant Director (SPSA)~~ serves as the agency's primary liaison with the Governor's Office of Statewide Performance Review, the Governor's Office of Strategic Planning, and the Comptroller's Service Efforts & Accomplishments Reporting program, for the purpose of ongoing assessment of the agency's function, objectives and performance.

3) The Public Information Office prepares press releases and otherwise disseminates general information to the public regarding the Department's operations and activities. The office additionally responds to requests for information from the public

DEPARTMENT OF THE LOTTERY

NOTICE OF ADOPTED AMENDMENTS

and the press, with the exception of inquiries made pursuant to the Freedom of Information Act or by members of the General Assembly.

4) The Internal Audit Unit conducts an ongoing review of agency policies and practices to ensure compliance with the Act and rules promulgated pursuant thereto, and adherence to accepted accounting and business standards.

5) The Legal Unit provides legal counsel to the Director, Department personnel and the Lottery Control Board on both policy issues and proposed actions affecting Department operations; coordinates litigation involving the Department, agency administrative hearings, and agency rulemaking; responds to requests for information pursuant to the Freedom of Information Act; and reviews agency contracts and advertising.

6) The Legislative Liaison monitors the status of state and federal legislation impacting the Department, secures sponsorship for legislation developed by the Department, prepares agency position papers regarding pending legislation, and responds to inquiries from members of the General Assembly concerning the Department's operations.

7) The Human Resources Section provides human resource services for the Department, encompassing employee benefits, worker's compensation, labor relations, organizational analysis, equal employment opportunity and affirmative action, and personnel transactions.

8) The Creative and Promotions Unit develops special game and promotion concepts, typically involving the participation of private sector firms, designed to increase sales of Lottery products.

9) The Sales Section administers the sale and distribution of Lottery products through the Department's statewide regional and district offices and through the agency's telemarketing program. Sales Section staff recruit new Lottery retailers to sell the Department's products, and provide service to thousands of existing Lottery retailers through product orientation, point of sale marketing services and claims assistance.

10) The Retailer Relations Unit plans, directs and coordinates the administration and management of statewide retailer relations and incentive programs; develops new retailer strategies and programs; and analyzes retailer performance in order to identify practices and procedures which could be implemented to maximize retailer performance.

11) The Administrative Operations Section manages real estate leasing, printing, procurement, mail services, supply services, maintenance, and forms design and control; processes on-line game subscriptions; processes Lottery retailer applications; and manages the Department's records retention program.

b) The Marketing Division consists of the Office of the Deputy Director,

DEPARTMENT OF THE LOTTERY

NOTICE OF ADOPTED AMENDMENTS

the On-Line Product Section, the Instant Product Section and the Sales Section. The Marketing Division collectively manages the development and marketing of all Lottery games and products, working closely with the Department's on-line games provider, instant ticket supplier, advertising and promotion agencies, Creative and Promotions staff, and sales force to maximize product sales.

c) The Finance Division consists of the Office of the Deputy Director, Chief Accountant, Finance & Contracts Section, Ticket Validation Section, Functional Support Section, Return Ticket Control Section and Collections Section.

1) The Office of the Deputy Director administers all financial functions of the Department, including management of the Department's investment portfolio which funds deferred Lottery prizes, development and administration of the agency's budget, payment of prizes, and collection of sales proceeds.

2) The Chief Accountant, with the support of the Finance & Contracts Section, prepares agency financial reports, monitors budgetary compliance, deposits and transfers funds, processes vouchers for prizes or payments, manages accounts receivable, processes payroll, files liens for past-due amounts, prepares and processes agency contracts, and manages the agency's petty cash fund.

3) The Ticket Validation Section verifies prize claims submitted for payment through the Department's central office, initiates prize payment to verified Lottery winners, coordinates payment of prizes through the Department's statewide checkwriting centers, processes certain requests for credit from Lottery retailers, and conducts special drawings~~, including selection of contestants for the Department's televised game show~~.

4) The Functional Support Unit prepares and maintains the Department's personal services budget, manages the Department's vehicle fleet and coordinates agency needs with the Department of Central Management Services motor pool, provides agency-wide staffing support for special projects, and is responsible for agency property control.

5) The Return Ticket Control Section receives and audits instant tickets returned by Lottery retailers, processes Lottery retailer stolen ticket claims, receives and conducts spot audits of retailer settlements, and audits promotional coupons for credit to retailers.

6) The Collections Office manages the collection of overdue monies from Lottery retailers and doubles as a checkwriting center.

d) The Operations Division consists of the Office of the Deputy Director, Security and Warehouse Operations Section ~~Administrative Operations Section~~ and Information Resource Services Section.

1) The Office of the Deputy Director manages the internal security, warehouse ~~administrative~~ operations and data processing functions of the Department, and coordinates activities with the Illinois State Police, such as investigations of ticket alterations and

DEPARTMENT OF THE LOTTERY

NOTICE OF ADOPTED AMENDMENTS

background checks of Lottery retailers. The Office of the Deputy Director further oversees the day to day activities of the Administrative Operations Section.

2) The Security and Warehouse Operations Section provides building security and manages the warehouse at Lottery Central. Warehouse operations include instant ticket inventory receipt and transfer; promotional material receipt and distribution; surplus property storage; and transportation of agency property and supplies between Lottery Central and agency satellite offices.

~~2) The Administrative Operations Section provides building security; manages real estate leasing, printing, procurement, mail services, supply services, maintenance, and forms design and control; processes on-line game subscriptions; processes lottery retailer applications; and manages the Department's records retention program.~~

3) The Information Resource Services Section manages the data processing and telecommunications functions for the agency, including system design and programming services for both mainframe and personal computers; procurement of voice, data and radio communications systems and services; and data entry and control.

e) The Lottery Control Board is a five (5) member advisory board appointed by the Governor which meets at least quarterly. It designates hearing officers and reviews hearing officer recommendations upon appeal, reports to the Governor and other officials any matters necessitating immediate change to the Act or to the Department's rules, makes recommendations to the Director regarding the functions and operations of the Department, and reviews proposed advertising to ensure compliance with established advertising policy.

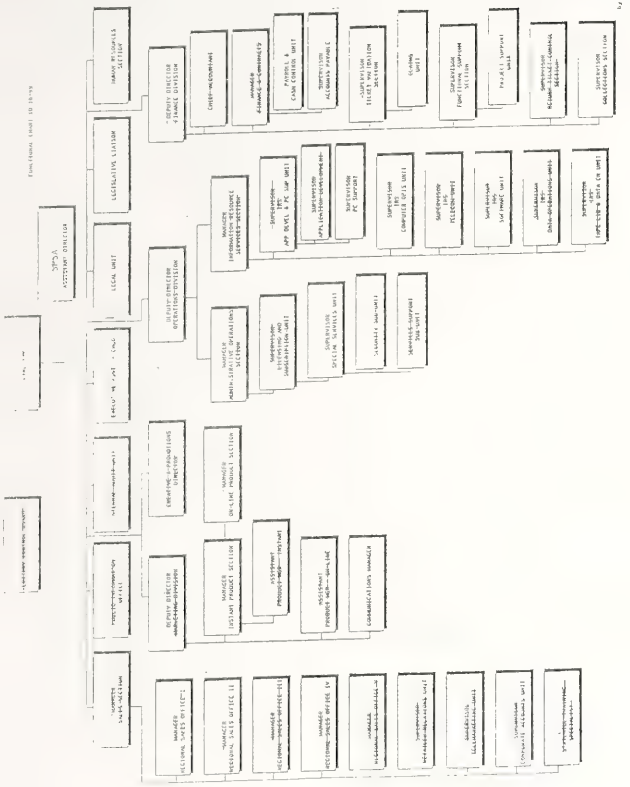
f) A functional organization chart appears in Appendix A of this Part.

(Source: Amended at 25 Ill. Reg. 3840, effective March 5, 2001)

DEPARTMENT OF THE LOTTERY

NOTICE OF ADOPTED AMENDMENTS

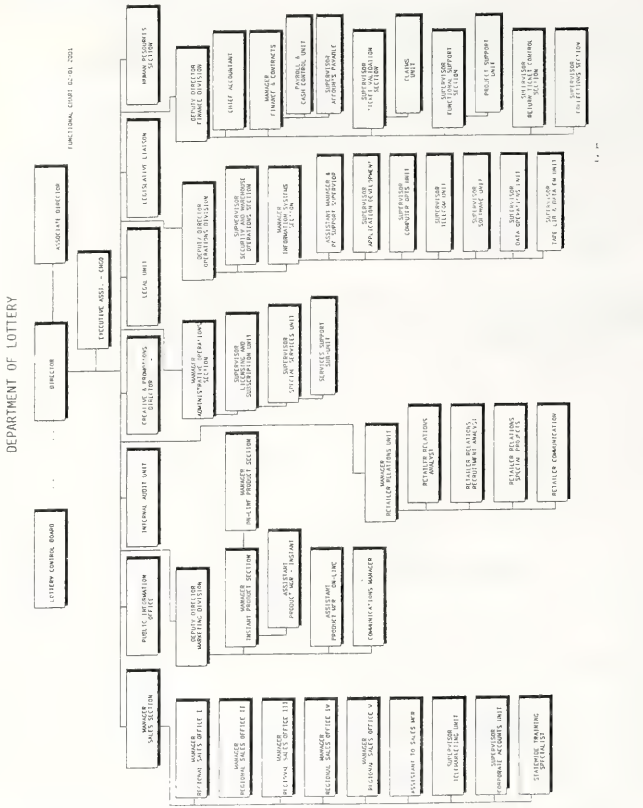
Section 1350.Appendix A Organization Chart



DEPARTMENT OF THE LOTTERY

NOTICE OF ADOPTED AMENDMENTS

Section 1350.Appendix A Organization Chart



(Source: Amended at 25 Ill. Reg. 3840, effective MAR 0 2001)

DEPARTMENT OF THE LOTTERY

NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 25 Ill. Reg. 3840 effective March 5, 2001)

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Nursing and Advanced Practice Nursing Act - Registered Professional Nurse and Licensed Practical Nurse

2) Code Citation: 68 Ill. Adm. Code 1300

3)

Section Numbers:	Adopted Action:
1300.15	Amendment
1300.20	Amendment
1300.30	Amendment
1300.48	Amendment
1300.75	New Section

4) Statutory Authority: Nursing and Advanced Practice Nursing Act [225 ILCS 65]

5) Effective Date of Amendments: March 1, 2001

6) Does this rulemaking contain an automatic repeal date? No

7) Do these amendments contain incorporations by reference? No

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Date Notice of Proposal Published in Illinois Register: October 27, 2000, at 24 Ill. Reg. 15835

10) Has JCAR issued a Statement of Objection to these amendments? No

11) Differences between proposal and final version: The proposed change in Section 1300.44 regarding intravenous therapy preparation in the LPN curriculum has been removed, and the fingerprinting requirement has been modified to apply only to initial licensure in Illinois.

12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will these amendments replace emergency amendments currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Amendments: Public Act 91-369, effective January 1, 2000, requires the Department to conduct criminal background checks on applicants for registered nursing and licensed practical nursing licenses; this proposed rulemaking implements that requirement. It also implements PA 91-43, providing for licensure of nurses who graduated from nonapproved

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

correspondence courses if they have been actively practicing clinical nursing in another state for at least 2 years, by defining clinical practice.

16) Information and questions regarding these amendments shall be directed to:

Department of Professional Regulation
Attention: Jean Courtney
320 West Washington, 3rd Floor
Springfield, Illinois 62786
217/785-0813
Fax #: 217/782-7645

The full text of the adopted amendments begins on the next page:

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1300
NURSING AND ADVANCED PRACTICE NURSING ACT -
REGISTERED PROFESSIONAL NURSE AND LICENSED PRACTICAL NURSE

Section

AUTHORITY: Implementing the Nursing and Advanced Practice Nursing Act [225 ILCS 65] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].

SOURCE: Adopted at 4 Ill. Reg. 4, p. 290, effective January 14, 1980; amended at 5 Ill. Reg. 801, effective January 7, 1981; codified at 5 Ill. Reg. 11044; amended at 5 Ill. Reg. 14171, effective December 3, 1981; emergency amendment at 6 Ill. Reg. 916, effective January 6, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 7448, effective June 15, 1982; amended at 6 Ill. Reg. 10023, effective August 1, 1982; amended at 9 Ill. Reg. 6297, effective April 24, 1985; amended at 9 Ill. Reg. 13355, effective August 21, 1985; amended at 11 Ill. Reg. 18251, effective October 27, 1987; transferred from Chapter I, 68 Ill. Adm. Code 300 (Department of Registration and Education) to Chapter VII,

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

68 Ill. Adm. Code 1300 (Department of Professional Regulation) pursuant to P.A. 85-225, effective January 1, 1988, at 12 Ill. Reg. 2938; amended at 12 Ill. Reg. 12088, effective July 12, 1988; amended at 14 Ill. Reg. 10035, effective June 12, 1990; emergency amendment at 15 Ill. Reg. 2855, effective February 5, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 8573, effective May 28, 1991; amended at 17 Ill. Reg. 1572, effective January 25, 1993; amended at 19 Ill. Reg. 13552, effective September 19, 1995; amended at 22 Ill. Reg. 3895, effective February 5, 1998; amended at 22 Ill. Reg. 19273, effective October 13, 1998; amended at 24 Ill. Reg. 1191, effective January 4, 2000; amended at 25 Ill. Reg. 3850, effective March 1, 2001.

Section 1300.15 Fees

The following fees shall be paid to the Department and are not refundable:

a) Application Fees

1) The fee for application for a license as a registered professional nurse and a licensed practical nurse is $50. In addition, applicants for an examination shall be required to pay, either to the Department or to the designated testing service, a fee covering the cost of determining an applicant's eligibility and providing the examination. Failure to appear for the examination on the scheduled date, at the time and place specified, after the applicant's application for examination has been received and acknowledged by the Department or the designated testing service, shall result in the forfeiture of the examination fee.

2) The fee for a temporary restoration or endorsement permit for a license as a registered professional nurse and licensed practical nurse is $25.

b) Renewal Fees

The fee for the renewal of a license shall be calculated at the rate of $20 per year.

c) General Fees

1) The fee for the restoration of a license other than from inactive status is $20 plus payment of all lapsed renewal fees, but not to exceed $125.

2) The fee for the issuance of a duplicate license, for the issuance of a replacement license, for a license which has been lost or destroyed or for the issuance of a license with a change of name or address other than during the renewal period is $20. No fee is required for name and address changes on Department records when no duplicate license is issued.

3) The fee for a certification of a licensee's record for any purpose is $20.

4) The fee to have the scoring of an examination authorized by the Department reviewed and verified is $20 plus any fees charged by the applicable testing service.

5) The fee for a wall certificate showing licensure shall be the actual cost of producing such certificate.

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

6) The fee for a roster of persons licensed as registered professional nurses or licensed practical nurses in this State shall be the actual cost of producing such a roster.

7) The fee for processing a fingerprint card by the Department of State Police is the cost of processing which shall be made payable to the State Police Services Fund and shall be remitted to the State Police for deposit into the Fund.

(Source: Amended at 25 Ill. Reg. 3850, effective March 1, 2001)

Section 1300.20 Application for Examination or Licensure

a) Each applicant shall file, with the testing service designated by the Department of Professional Regulation (the Department), a completed, signed application, on forms supplied by the Department, which includes:

1) proof of graduation from a nursing education program that meets the requirements of Section 1300.40 of this Part;

2) signature of the Director of the nursing education program or other person designated by the Director of the nursing education program;

3) a complete work history since graduation from a practical nurse education program or a professional nurse education program, whichever came first;

4) verification of fingerprint processing from the Illinois Department of State Police, or its designated agent. (Practical nurses licensed in Illinois are not required to be fingerprinted when applying for a license as a registered professional nurse.) Applicants shall contact the Illinois Department of State Police, or its designated agent, for fingerprint processing. Out-of-state residents unable to utilize the State Police fingerprint process may submit to the Department one set of fingerprint cards issued by the Illinois Department of State Police and one set of fingerprint cards issued by the Federal Bureau of Investigation, accompanied by the specified processing fee pursuant to Section 1300.15. Fingerprints shall be taken within the 60 days prior to application;

5)~~4)~~ the required fees set forth in Section 1300.15 of this Part;

6)~~5)~~ proof of passage for registered professional nurse applicants of:

A) the Commission on Graduates of Foreign Nursing Schools (CGFNS) Examination for all persons applying after January 1, 1984, who completed a nursing education program in a country other than the United States or its territories; or

B) the Test of English as a Foreign Language (TOEFL) with a minimum score of 550 or 213 on the TOEFL computer-based test

for those applicants who submit proof of denial of eligibility to sit for the CGFNS examination and who are licensed in a country other than the United States or its territories and determined by the Board educationally prepared in nursing;

7)~~6)~~ official transcripts of theory and clinical education prepared by an official of the military for a practical nurse applicant who has received practical nursing education in the military service. This education must meet the standards set forth in Section 1300.40; and

8)~~7)~~ certification, on forms provided by the Department, from the jurisdiction(s) in which the applicant has ever been licensed, if applicable, stating:

A) The time during which the applicant was licensed in that jurisdiction, including the date of original issuance of the license; and

B) Whether the file on the applicant contains any record of disciplinary actions taken or pending.

b) Any applicant who fails to demonstrate fulfillment of the education requirements shall be notified in writing and must satisfy the deficiency before being granted temporary authority to practice nursing, as permitted under Section 5-15(g) or (i) of the Act, or being admitted to the examination. Deficiencies in nursing theory and/or clinical practice may be removed by taking the required course(s) in an approved nursing education program.

c) When the applicant has completed the nursing education program in less than the usual length of time through advanced standing or transfer of credits from one institution to another, the Director of nursing education shall include an explanation in the certification.

d) Pursuant to Section 10-35 of the Act, when an applicant has completed a nonapproved program that is a correspondence course or a program of nursing that does not require coordinated or concurrent theory and clinical practice, the Department may grant a license to an applicant who has applied in accordance with subsection (a) and who has received an advanced graduate degree in nursing from an approved program with concurrent theory and clinical practice or who is currently licensed in another state and has been actively practicing in nursing for a minimum of 2 years. Clinical practice for purposes of this Section means nursing practice that involves direct physical (psychomotor and psychosocial) patient (client) care with an acute care facility.

1) Clinical practice areas that would meet the requirements for clinical practice include the following:

A) Adult Medical Surgical Nursing

B) Pediatric Nursing

C) Maternity Nursing

D) Emergency Nursing

E) Critical Care Nursing

F) Post-Anesthesia Care Nursing

2) Clinical practice shall not include:

A) Telephone or Triage Nursing

B) Patient Education (i.e., diabetic education)

C) Patient Counseling

3) A year of clinical practice consists of not less than 1500 hours of direct patient care.

4) The Board of Nursing will review clinical practice documentation that does not meet the requirements of this subsection (d).

e)~~d)~~ Credentials of education and licensure, if not in English, shall be accompanied by a certified translation.

f)~~e)~~ After filing the original application, any change of name must be supported by an affidavit satisfactory to the Department.

g~~f~~) If an applicant has taken and passed the National Council Licensure Examination (NCLEX) in accordance with Section 1300.25 of this Part, the applicant shall file an application in accordance with subsection (a) above and shall have the examination scores submitted to the Department directly from the testing entity or from the state of original licensure.

(Source: Amended at 25 Ill. Reg. 3850, effective MAR 1 1991)

Section 1300.30 Licensure by Endorsement

a) Each applicant who is licensed in another jurisdiction shall file a completed, signed application for licensure on the basis of endorsement, on forms supplied by the Department. The application shall include:

1) the required fee in Section 1300.15 of this Part;

2) proof of graduation from a nursing education program that meets the requirements of Section 1300.40;

3) proof of passage of an examination recognized by the Department, upon recommendation of the Board (i.e., National Council Licensure Examination for professional nurses or practical nurses, or State Board Test Pool Examination for professional nurses or practical nurses);

4) a complete work history since graduation from a practical nurse education program or a professional nurse education program, whichever came first;

5) verification of fingerprint processing from the Illinois Department of State Police, or its designated agent. Applicants shall contact the Illinois Department of State Police, or its designated agent, for fingerprint processing. Out-of-state residents unable to utilize the State Police fingerprint process may submit to the Department one set of fingerprint cards issued by the Illinois Department of State Police and one set of fingerprint cards issued by the Federal Bureau of Investigation, accompanied by the specified processing fee pursuant to Section

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

1300.15. Fingerprints shall be taken within the 60 days prior to application;

6)~~5~~ for registered nurse applicants who received education outside of the United States:

A) proof of passage of the Commission on Graduates of Foreign Nursing Schools (CGFNS) Examination for all persons licensed in their original jurisdictions subsequent to January 1, 1984, who completed their nursing education program in a country other than the United States or its territories. An applicant shall be exempt from taking the CGFNS examination if the applicant:

i) has passed the examination authorized by the Department as set forth in Section 1300.25;

ii) holds an active, unencumbered license in another state; and

iii) has been actively practicing for a minimum of 2 years in the other state.

Applicants who are exempt from taking the CGFNS examination shall submit a copy of the evaluation (the Nursing and Science Course Report) of nursing education credentials submitted by a Department approved nursing credentialing evaluation service. The Department has determined, upon recommendation of the Board, that the Commission on Graduates of Foreign Nursing Schools is an approved evaluation service;

B) proof of passage of the Test of English as a Foreign Language (TOEFL) with a score of 550 or 213 on the TOEFL computer based test is required of those applicants who submit proof of denial of eligibility to sit for the CGFNS examination and who are licensed in a country other than the United States or its territories if determined educationally prepared in nursing;

7)~~6~~ official transcripts of theory and clinical education prepared by an official of the military for a practical nurse applicant who has received his/her education in the military service. Education must meet the standards for education as set forth in Section 1300.40;

8)~~7~~ verification of licensure status from all jurisdictions in which licensure has ever been granted that includes active practice in another jurisdiction within the last 5 years; and

9)~~8~~ a certified translation for all credentials of education and licensure, if not in English.

b) After filing the original application, any change of name must be supported by an affidavit satisfactory to the Department.

c) Deficiencies in nursing theory and/or clinical practice may be removed by taking the required course(s) in an approved nursing education program.

d) Compliance with the provisions of Section 1300.25(b)(3) and(c)(3) for each registered professional nurse applicant and each practical nurse applicant, respectively, shall be a requirement for Illinois nurse licensure by endorsement.

e) Eligibility for Practical Nurse Endorsement
A candidate who is unable to pass the registered professional nurse examination in another jurisdiction and is allowed to write the practical nurse examination in that jurisdiction and is subsequently licensed as a practical nurse in that jurisdiction is not eligible for endorsement in Illinois unless and until such candidate has graduated from an approved practical nursing education program.

f) Individuals applying for licensure by endorsement may apply to the Department, on forms provided by the Department, to receive a Temporary Endorsement Permit pursuant to Section 10-40 of the Act. Such permit shall allow the applicant to work pending the issuance of a license by endorsement.

1) The temporary endorsement permit application shall include:

A) a completed, signed endorsement application, along with the required endorsement licensure fee as set forth in Section 1300.15 of this Part. All supporting documents shall be submitted to the Department before a permanent license by endorsement shall be issued;

B) photostatic copies of all current active nursing licenses and/or temporary permits/licenses from other jurisdictions. Current active licensure in at least one United States jurisdiction is required. Each applicant's license will be checked on the National Council Network (NCNET) disciplinary data bank to determine if any disciplinary action is pending on the applicant's file; ~~and~~

C) Verification that fingerprints have been submitted to the Department or the Illinois Department of State Police or its designated agent; and

D)~~C~~ the fee for a temporary permit as required in Section 1300.15 of this Part.

2) The Department shall issue a temporary endorsement permit no later than 14 days after receipt of a completed application as set forth in subsection (f)(1) above.

3) Temporary permits shall be terminated upon:

A) the issuance of a permanent license by endorsement;

B) failure to complete the application process within 6 months from the date of issuance of the permit;

C) a finding by the Department that the applicant has been convicted of any crime under the laws of any jurisdiction of the United States which is a:

i) felony, or

ii) misdemeanor directly related to the practice of nursing within the last 5 years;

D) a finding by the Department that the applicant has had a license or permit related to the practice of nursing

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

revoked, suspended or placed on probation by another jurisdiction, if at least one of the grounds is substantially equivalent to grounds in Illinois, within the last 5 years; or

E) a finding by the Department that the applicant does not meet the licensure requirements for endorsement as set forth in this Section. The Department shall notify the applicant in writing of such termination.

The Department shall notify the applicant by certified or registered mail of the intent to deny licensure pursuant to subsections (f)(3)(D) and (E) above and/or Section 10-30 of the Act.

4) A temporary permit shall be renewed beyond the 6-month period, upon recommendation of the Board and approval of the Director, due to hardship as defined below:
   A) serving full-time in the Armed Forces;
   B) an incapacitating illness as documented by a currently licensed physician;
   C) death of an immediate family member; or
   D) extenuating circumstances beyond the applicant's control as approved by the Director.

(Source: Amended at 25 Ill. Reg. 3850, effective _____)

Section 1300.48 Restoration

a) A licensee seeking restoration of a license that has expired for 5 years or less shall have the license restored upon payment of the fees required by Section 1300.15 of this Part.

b) A licensee seeking restoration of a license that has been placed on inactive status for 5 years or less shall have the license restored upon payment of the current renewal fee set forth in Section 1300.15(b) of this Part.

c) A licensee seeking restoration of a license after it has expired or been placed on inactive status for more than 5 years shall file an application, on forms supplied by the Department, together with the restoration fee(s) specified in Section 1300.15(c)(1) of this Part, when restoring an expired license, or the current renewal fee set forth in Section 1300.15(b), when restoring an inactive license. The licensee shall also submit proof of fitness to practice, which includes one of the following:
   1) Certification of active practice in another jurisdiction. Such certification shall include a statement from the appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of said active practice; or
   2) An affidavit attesting to military service as provided in Section

20-10 of the Act. If application is made within 2 years after discharge, and if all other provisions of Section 20-10 of the Act are satisfied, the applicant will be required to pay the current renewal fee; or

3) Proof of successful completion of a current nursing practice update course, which shall include evaluated clinical experience, approved by the Department, as specified in Section 1300.41 of this Part; or

4) Proof of satisfactory completion of a medical-surgical nursing theory and clinical course in a nursing education program as defined in Section 1300.40 of this Part for practical or registered nurse licensure, consistent with the license which the individual is seeking to restore; or

5) Proof of satisfactory completion of a course that includes:
   A) A self-study nursing theoretical component that is:
      i) Approved by another state nursing licensing authority and includes medical-surgical nursing across the life span and consists of a minimum of 36 hours for practical nurses or 48 hours for registered nurses; or
      ii) Approved by the Department and contains assessment of theoretical and skill learning needs, a plan for content with objectives and a plan for documentation of successful completion; and
   B) A clinical practice component that includes:
      i) Sponsorship by a health care delivery institution or nursing education program that meets the requirements set forth in Section 1300.41 of this Part;
      ii) A minimum 96 hours for registered nurses and 64 hours for practical nurses of supervised patient care with progressive activities;
      iii) Completion of the minimal skills list provided by the Department; and
      iv) Identification of a registered nurse preceptor.

   The licensee shall also submit verification of fingerprint processing from the Illinois Department of State Police, or its designated agent. Licensees shall contact the Illinois Department of State Police, or its designated agent, for fingerprint processing. Out-of-state residents unable to utilize the State Police fingerprint process may submit to the Department one set of fingerprint cards issued by the Illinois Department of State Police and one set of fingerprint cards issued by the Federal Bureau of Investigation, accompanied by the specified processing fee pursuant to Section 1240.205. Fingerprints shall be taken within 60 days of application.

d) Individuals applying for licensure by restoration may apply to the Department, on forms provided by the Department, to receive a Temporary Restoration Permit. Such permit shall allow the applicant to work pending the issuance of a license by restoration.

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

1) The temporary restoration permit application shall include:
   A) A completed signed restoration application, along with the required restoration licensure fee as set forth in Section 1300.15 of this Part. All supporting documents shall be submitted to the Department before a permanent license by restoration shall be issued;
   B) Either:
      i) Photostatic copies of all current active nursing licenses and/or temporary permits/licenses from other jurisdictions (current active licensure in at least one United States jurisdiction is required); or
      ii) Verification of employment in nursing practice within the last 5 years in a United States jurisdiction; ~~and~~
   C) Verification that fingerprints have been submitted to the Department or the Illinois Department of State Police or its designated agent; and
   D)~~c)~~ The temporary restoration permit fee as required in Section 1300.15 of this Part.
2) The Department shall issue a temporary restoration permit no later than 14 days after receipt of a completed application as set forth in subsection (d)(1) above.
3) Temporary permits shall be terminated upon:
   A) The issuance of a permanent license by restoration;
   B) Failure to complete the application process within 6 months from the date of issuance of the permit;
   C) A finding by the Department that the applicant has been convicted of any crime under the laws of any jurisdiction of the United States which is a:
      i) Felony, or
      ii) Misdemeanor directly related to the practice of nursing within the last 5 years;
   D) A finding by the Department that the applicant has had a license or permit related to the practice of nursing revoked, suspended or placed on probation by another jurisdiction, if at least one of the grounds is substantially equivalent to grounds in Illinois, within the last 5 years; or
   E) The Department shall notify the applicant by certified or registered mail of the intent to deny licensure pursuant to subsections ~~subsection~~ (d)(3)(C) and (D) above and/or Section 10-45 of the Act.
4) A temporary permit shall be extended beyond the 6-month period, upon recommendation of the Board and approval of the Director, due to hardship as defined below:
   A) Serving full-time in the Armed Forces;
   B) An incapacitating illness as documented by a currently licensed physician;
   C) Death of an immediate family member; or

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

   D) Extenuating circumstances beyond the applicant's control as approved by the Director.
e) When the accuracy of any submitted documentation, or the relevance or sufficiency of the course work or experience is questioned by the Department because of lack of information, discrepancies or conflicts in information given, or a need for clarification, the licensee will be requested to:
   1) Provide such information as may be necessary; and/or
   2) Appear for an oral interview before the Board to explain such relevance or sufficiency, clarify information, or clean up any discrepancies or conflicts in information. Upon recommendation of the Board and approval by the Department, an applicant shall have the license restored.

(Source: Amended at 25 Ill. Reg. 8850 effective with rules)

Section 1300.75 Refusal to Issue a Nurse License Based on Criminal History Record

a) For purposes of this Part, criminal history record information is defined as information collected by criminal justice agencies (defined in 20 ILCS 2630) on individuals consisting of identifiable descriptions and notation of arrests, detention, indictments, information, or other formal criminal charges, and any disposition arising therefrom, sentencing, correctional supervision and release. The individual records must contain both information sufficient to identify the subject of the record and notations regarding any formal criminal justice transaction involving the identified individual.
b) In determining whether an applicant for a nurse license is unfit for licensure because of criminal history record information, the Department shall consider the following standards:
   1) Whether the crime was one of armed violence [720 ILCS 5/Art. 33A] or moral turpitude. Moral turpitude consists of:
      A) Crime involving dishonesty, false statement or some other element of deceit, untruthfulness or falsification (including but not limited to perjury, inducement of perjury, false statement, criminal fraud, embezzlement, false pretense, forgery, counterfeiting and theft).
      B) Drug offenses including but not limited to violations of the Illinois Controlled Substances Act [720 ILCS 570/Art. I] and Federal Drug Enforcement Laws (21 USC 801 et seq.).
      C) Sex offenses including but not limited to all crimes listed in Article 11 of the Criminal Code of 1961 [720 ILCS 5/Art. 11].
   2) Whether the crime is related to the nursing profession.
   3) Whether more than 10 years have elapsed since the date of completion of imposed sentence.

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

4) Whether the conviction was from a city ordinance violation or a conviction for which a jail sentence was not imposed.

a) Whether the applicant has been sufficiently rehabilitated to warrant the public trust. The Department shall consider, but not be bound by, the following in considering whether an applicant has been presumed to be rehabilitated:

A) Completion of probation;

B) Completion of parole supervision; or

C) If no parole was granted, a period of 10 years has elapsed after final discharge or release from any term of imprisonment without any subsequent conviction.

c) If any one of the following factors exists, this outweighs the presumption of rehabilitation as defined in subsection (b):

1) Lack of compliance with terms of punishment (i.e., failure to pay fines or make restitution, violation of the terms of probation or parole);

2) Unwillingness to undergo, or lack of cooperation in, medical or psychiatric treatment/counseling;

3) Falsification of an application for licensure with the Department;

4) Failure to furnish to the Department additional information or failure to appear for an interview or meeting with the Department in relation to the applicant's application for licensure.

d) The following criminal history records shall not be considered in connection with an application for licensure:

1) Juvenile adjudications;

2) Records of arrest not followed by a conviction;

3) Convictions overturned by a higher court;

4) Convictions that have been the subject of a pardon or expungement.

e) Notification of denial, revocation, suspension, or intent to refuse to renew; request for hearing

1) If the determination is made that the applicant is unfit for licensure, the Department shall send notice of denial, revocation, suspension, or intent to refuse to renew by certified mail, return receipt requested, to the applicant at the applicant's last known address or by personal delivery to the applicant. All such notices will include a statement of the reason for the Department's action.

2) An applicant may request a hearing to contest the Department's action pursuant to 68 Ill. Adm. Code 1110. The request shall be in writing, and must be received by the Department not later than 20 days after the date the Department mailed or personally delivered the notice of its action to the applicant.

3) After receipt of a request for a hearing and prior to any such hearing, the Department shall schedule an informal conference with the applicant in an attempt to resolve issues in controversy consensually. The Department shall notify the applicant of the

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

informal conference at least 20 days prior to the hearing. Failure by the applicant to attend the informal conference shall act as a withdrawal of the applicant's request for a hearing.

(Source: Added at 25 Ill. Reg. 3850, effective MAR 20)

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Illinois Professional Land Surveyor Act of 1989

2) Code Citation: 68 Ill. Adm. Code 1270

3)

Section Numbers:	Adopted Action:
1270.5	Amendment
1270.10	Amendment
1270.13	Amendment
1270.15	Amendment
1270.20	Amendment
1270.30	Amendment
1270.40	Amendment
1270.45	Amendment
1270.50	Amendment
1270.55	Amendment
1270.58	New Section

4) Statutory Authority: Illinois Professional Land Surveyor Act of 1989 [225 ILCS 330]

5) Effective Date of Amendments: March 1, 2001

6) Does this rulemaking contain an automatic repeal date? No

7) Do these Amendments contain incorporations by reference? No

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Date Notice of Proposal Published in Illinois Register: November 17, 2000, at 24 Ill. Reg. 16898

10) Has JCAR issued a Statement of Objection to these Amendments? No

11) Differences between proposal and final version: None

12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will these amendments replace emergency amendments currently in effect? No

14) Are there any Amendments pending on this Part? No

15) Summary and Purpose of Amendments: Public Act 91-132, effective January 1, 2000, is the sunset reauthorization of the Illinois Professional Land Surveyor Act of 1989. Reflecting this reauthorization, this rulemaking removes obsolete language concerning educational requirements and adds

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

language concerning seals to reflect the Act. Other technical and cleanup changes are also included.

16) Information and questions regarding these adopted amendments shall be directed to:

Department of Professional Regulation
Attention: Jean Courtney
320 West Washington, 3rd Floor
Springfield, Illinois 62786
217/785-0813
Fax: 217/782-7645

The full text of the adopted amendments begins on the next page:

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1270
ILLINOIS PROFESSIONAL LAND SURVEYOR ACT OF 1989

Section
1270.5 Application for Licensure as a Professional Land Surveyor-in-Training by Examination
1270.10 Application for Licensure as a Professional Land Surveyor by Examination
1270.13 Experience
1270.15 Definition of Related Science
1270.20 Examinations
1270.30 Endorsement
1270.35 Inactive Status
1270.40 Restoration
1270.45 Professional Design Firm
1270.50 Renewals
1270.52 Fees
1270.55 Land Surveyor Complaint Committee
1270.56 Minimum Standards of Practice
1270.57 Standards of Professional Conduct
1270.58 Seal Requirements
1270.60 Granting Variances

APPENDIX A Rules for the Perpetuation of Monuments Under the Land Survey Monuments Act

AUTHORITY: Implementing the Illinois Professional Land Surveyor Act of 1989 [225 ILCS 330] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].

SOURCE: Rules and Regulations Promulgated for the Administration of the Illinois Land Surveyors Act, effective April 27, 1967; 2 Ill. Reg. No. 50, page 64, effective December 11, 1978; codified and amended at 5 Ill. Reg. 11039; 5 Ill. Reg. 14171, effective December 3, 1981; emergency amendment at 6 Ill. Reg. 916, effective January 6, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 7448, effective June 15, 1982; emergency amendment at 8 Ill. Reg. 5365, effective April 12, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 15485, effective August 10, 1984; amended at 11 Ill. Reg. 1615, effective January 6, 1987; amended at 11 Ill. Reg. 4763, effective March 10, 1987; recodified from Chapter I, 68 Ill. Adm. Code 270 (Department of Registration and Education) to Chapter VII, 68 Ill. Adm. Code 1270 (Department of Professional Regulation) pursuant to P.A. 85-225, effective January 1, 1988, at 12 Ill. Reg. 2950; amended at 15 Ill. Reg. 5258, effective April 2, 1991; amended at 16 Ill. Reg. 15548, effective September 28, 1992; amended at 18 Ill.

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

Reg. 5900, effective April 5, 1994; amended at 18 Ill. Reg. 14730, effective September 19, 1994; amended at 19 Ill. Reg. 16071, effective November 17, 1995; amended at 20 Ill. Reg. 5852, effective April 3, 1996; amended at 21 Ill. Reg. 14252, effective October 15, 1997; amended at 24 Ill. Reg. 576, effective December 31, 1999; amended at 24 Ill. Reg. 13719, effective August 28, 2000; amended at 24 Ill. Reg. 17548, effective November 20, 2000; amended at 25 Ill. Reg. 3865, effective MAR : : /[illegible].

Section 1270.5 Application for Licensure as a Professional Land Surveyor-in-Training by Examination

~~a)~~ An applicant for licensure as a Professional Land Surveyor-in-Training under the Illinois Professional Land Surveyor Act of 1989 (the Act) [225 ILCS 330] shall file an application, on forms supplied by the Department of Professional Regulation (the Department), by November 15 for the spring examination and May 15 for the fall examination. The application shall include the following:

a~~1~~) Certification of education, completed by the educational institution attended, ~~and/or--experience-verified-by-the-employer-from~~ for one of the following:

1~~A~~) A baccalaureate degree in land surveying from an accredited college or university; or

2~~B~~) A baccalaureate degree from an accredited college or university in a related science, as defined in Section 1270.15, including 24 semester hours of land surveying courses.

b~~2~~) A complete work history indicating all employment since fulfillment of the educational requirements set forth in subsection (a)~~(1)~~ above, if applicable.

~~3) Certification,--on--forms--provided--by--the-Department,-from-the state-or-territory-of-the-United-States-in--which--the--applicant was--originally--licensed--and--the--state-in-which-the-applicant predominantly-practices-and-is-currently-licensed,-if-applicable, stating:~~

~~A) The-time-during-which-the-applicant--was--licensed--in--that jurisdiction,-including-the-date-of-the-original-issuance-of the-license;~~

~~B) A-description-of-the-examination-in-that-jurisdiction;-and~~

~~C) Whether--the--file--on--the-applicant-contains-any-record-of disciplinary-actions-taken-or-pending.~~

c~~4~~) The required fee specified in Section 1270.52 of this Part

d~~5~~) Proof of passage of the Test of English as a Foreign Language (TOEFL) with a minimum score of 550 or 213 on the computer-based test and the Test of Spoken English (TSE) with a minimum score of 50, for applicants who apply after January 1, 1997, who graduated from a land surveyor program outside the United States or its territories and whose first language is not English. In order to determine applicants whose first language is English, the applicant shall submit verification from the school that the land surveyor program from which the applicant graduated was taught in English.

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

e6) Applicants who received their education in a foreign country shall have the education evaluated at their expense. Applicants shall obtain the forms from the National Council of Examiners for Engineers (NCEES), P.O. Box 1686, Clemson, South Carolina 29633-1686 or other evaluator approved by the Board. The Land Surveyors Licensing Board (the Board) will review all transcripts and the evaluation submitted to the Department to determine if the education meets the requirements set forth in this Section and Section 1270.15.

~~b) Beginning January 1, 1998, an applicant shall have a baccalaureate degree in land surveying from an accredited college or university, or a baccalaureate degree in a related science including at least 24 semester hours of land surveying courses from a Board approved curriculum of an accredited institution (Section 13 of the Act).~~

(Source: Amended at 25 Ill. Reg. 3865, effective MAR 1, 1998)

Section 1270.10 Application for Licensure as a Professional Land Surveyor by Examination

An applicant for licensure as a Professional Land Surveyor shall file an application, on forms supplied by the Department, by November 15 for the spring examination and May 15 for the fall examination. The application shall include the following:

~~a) Educational and experience requirements.~~

~~1) Applicants filing after January 1, 1986:~~

aA) Verification of education. ~~Shall have met one of the educational and experience requirements set forth in Section 1270.5;~~

bB) Proof of holding ~~Shall have been issued~~ a license as a Professional Land Surveyor-in-Training. ~~; and~~

~~C) Shall have completed at least 4 years of experience in land surveying approved in accordance with Section 1270.13(a), (b), (c) and (d)(1). Such experience shall be subsequent to passage of the Fundamentals of Land Surveying examination;~~

~~2) Applicants who have obtained 4 years of experience or more in the practice of land surveying prior to January 1, 1982:~~

~~A) Shall have met one of the educational and experience requirements set forth in Section 1270.5(a)(1); and~~

~~B) Shall have completed at least 4 years of approved experience in land surveying as set forth in Section 1270.13(a), (b), (c) and (d)(1). Applicants shall be permitted to continue acquiring experience without being issued a Professional Land Surveyor in Training license;~~

cb) Certification, on forms provided by the Department, from the state or territory of the United States in which the applicant was originally licensed as a Surveyor-in-Training and/or Land Surveyor and the state in which the applicant predominantly practices and is currently licensed, if applicable, stating:

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

1) The time during which the applicant was licensed in that jurisdiction, including the date of the original issuance of the license;
2) A description of the examination in that jurisdiction; and
3) Whether the file on the applicant contains any record of disciplinary actions taken or pending.

dc) Verification of experience form, completed by the supervisor who is a licensed land surveyor ~~employer~~, indicating at least ~~the required~~ 4 years of responsible charge ~~approved~~ experience in land surveying as set forth in Section 1270.13~~(a), (b), (c) and (d)(1)~~.

ed) A complete work history indicating all employment since passage of the Fundamentals of Surveying examination ~~fulfillment of the educational requirements set forth in Section 1270.5~~.

fe) The required fee specified in Section 1270.52.

gf) Proof of passage of the Test of English as a Foreign Language (TOEFL) with a minimum score of 550 or 213 on the computer-based test and the Test of Spoken English (TSE) with a minimum score of 50, for applicants who apply after January 1, 1997, who graduated from a land surveyor program outside the United States or its territories and whose first language is not English. In order to determine applicants whose first language is English, the applicant shall submit verification from the school that the land surveyor program from which the applicant graduated was taught in English.

hg) Applicants who received their education in a foreign country shall have the education evaluated at their expense. Applicants shall obtain the forms from the National Council of Examiners for Engineers (NCEES), P.O. Box 1686, Clemson, South Carolina 29633-1686. The Board will review all transcripts and the evaluation submitted to the Department to determine if the education meets the requirements set forth in this Section and Section 1270.15.

(Source: Amended at 25 Ill. Reg. 3865, effective MAR 1, 1998)

Section 1270.13 Experience

The experience requirements set forth in Section ~~1270.5 and~~ 1270.10 shall meet the criteria described below.

a) Credit shall be given for actual experience in the practice of land surveying as defined in Section 5 of the Act.

b) Such experience shall be under the direct supervision and control of a professional land surveyor in responsible charge of land surveying operations. *Direct supervision and control means the personal review by a licensed professional land surveyor of each survey, including, but not limited to, procurement, research, field work, calculations, preparation of legal descriptions and plats. The personal review shall be of such a nature as to assure the client that the professional land surveyor or the firm for which the professional land*

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

surveyor is employed is the provider of the surveying services. (Section 4 of the Act) ~~as defined in Section 4(d) of the Act.~~

~~c) in addition to the above requirements, the four years of experience set forth in Section 1270.10(a)(1)(C) shall be in the responsible charge of land surveying operations as defined in Section 4(e) of the Act.~~

cd) Experience shall be in areas of land surveying practice designated in this subsection (c) ~~in subsections (d)(1) and (d)(2) of this Section~~ or in other areas which, in the opinion of the Board, provide the applicant with knowledge of practice of land surveying at least equivalent to that which is generally acquired by experience in the areas listed. An applicant need not have experience in all areas listed below.

~~1) All of a Professional Land Surveyor applicant's experience and at least two thirds of a Surveyor in Training applicant's experience shall be acquired in the following:~~

1A) Locating land boundaries and land boundary corners, including the following services:

A~~i~~) Researching public and private records;

B~~ii~~) Relocating lost or obliterated corners;

C~~iii~~) Establishing, reestablishing or perpetuating survey monuments;

D~~iv~~) Subdividing sections;

E~~v~~) Establishing or retracing property lines to determine length and bearing;

F~~vi~~) Reestablishing obliterated property lines;

G~~vii~~) Preparing descriptions of real property from data acquired by field measurements;

H~~viii~~) Conducting resurveys; and

I~~ix~~) Writing and interpreting land descriptions.

2B) Preparing maps, including:

A~~i~~) Maps of sections or portions of sections or townships as established by the original public land survey and subdivisions of those sections in accordance with the manuals of surveying instructions by the federal government and the State of Illinois; ~~;~~

B~~ii~~) Subdivision plats prepared in accordance with the Illinois Statutes or local ordinances;

C~~iii~~) Certified survey maps prepared in accordance with the Illinois Statutes or local ordinances;

D~~iv~~) Maps showing other divisions of land not controlled by statute or ordinance; and

E~~v~~) Official plats or maps of land in this State.

~~2) Not more than one third of a Surveyor in Training applicant's experience may be acquired in:~~

~~A) Drafting highway and railroad rights of way plans;~~

~~B) Construction staking for highways, roads, streets or similar projects within the boundaries of established rights of way;~~

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

~~C) Performing topographic surveys;~~

~~D) Developing control networks for aerial photography unless property lines are used for control; and~~

~~E) Performing new building layout or construction surveys or other design related surveys.~~

(Source: Amended at 25 Ill. Reg. 3865, effective)

Section 1270.15 Definition of Related Science ~~Sciences~~

a~~)~~ A baccalaureate degree in a Related Science is a four-year curriculum that includes 24 hours of land surveying courses and core courses in at least the following subjects for the minimum semester hours or their equivalent:

a~~1~~) Mathematics (College Algebra and beyond ~~trigonometry~~) - 15 semester hours

b~~2~~) Basic Sciences (Physics and/or~~,~~ Chemistry~~,~~ ~~Geology~~) - 8 semester ~~15~~ hours

c~~3~~) Additional Basic Sciences (including but not limited to: Geology, Geography, Dendrology, Astronomy, Biology, Soil Mechanics, and engineering sciences) - 20 semester ~~15~~ hours

~~b) An associate degree in a Related Science is a two year curriculum that includes core courses in at least the following subjects for the minimum semester hours or their equivalent:~~

~~1) Mathematics (beyond trigonometry) 3 hours~~

~~2) Basic Sciences (Physics, Chemistry, Geology) 4 hours~~

~~3) Additional Sciences 4 hours~~

(Source: Amended at 25 Ill. Reg. 3865 effective)

Section 1270.20 Examinations

a) An applicant for licensure as a Professional Land Surveyor-in-Training shall pass the National Council of Examiners for Engineering and Surveying (NCEES) Fundamentals of Land Surveying Examination.

b) An applicant for licensure as a Professional Land Surveyor who is licensed as a Professional Land Surveyor-in-Training shall pass the following examinations:

1) NCEES Principles and Practice of Land Surveying Examination; and

2) Illinois Jurisdictional Examination.

~~c) An applicant for licensure as a Professional Land Surveyor who originally applied prior to January 1, 1986, who is not licensed as a Professional Land Surveyor in Training shall pass the following examinations:~~

~~1) NCEES Fundamentals of Land Surveying Examination;~~

~~2) NCEES Principles and Practice of Land Surveying Examination; and~~

~~3) Illinois Jurisdictional Examination.~~

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

~~d) Any applicant for licensure as a Professional Land Surveyor who did not pass the NCEES Public Domain examination before it became part of the NCEES Principles and Practice of Land Surveying Examination, effective May 1, 1992, shall be required to take and pass the 6 hour Principles and Practice of Land Surveying Examination, even if he/she had passed the 4 hour Principles and Practice Examination previously administered concurrently with the Public Domain exam.~~

ce) The scoring of the NCEES Fundamentals of Land Surveying Examination and the NCEES Principles and Practice of Land Surveying Examination and the determination of scores shall be as approved by NCEES. Separate scores shall be given for each examination and the scores shall be reported as pass/fail.

df) The Illinois Jurisdictional Examination shall be reported as pass/fail. The Jurisdictional Examination shall include, but not be limited to, the following areas:

1) ~~local~~ History of the public land surveying system in Illinois;
2) Jurisdictional Standards and Ethics (knowledge of prevailing professional standards and ethics specific to Illinois);
3) Jurisdictional Legal Precedent and Principles (knowledge of legal principles and requirements specific to Illinois);
4) Jurisdictional Field Techniques (knowledge of field research techniques specific to Illinois); and
5) Jurisdictional Record Sources (knowledge of sources of records and information specific to Illinois).

~~g) The Department shall not use any subject area scores from the parts of previous state constructed examinations for the purpose of deriving the required passing score for any examination required by this Section.~~

eh) Retake of examination.

1) Applicants who do not pass the NCEES Fundamentals of Land Surveying Examination, the NCEES Principles and Practice of Land Surveying Examination or the Illinois Jurisdictional Examination will be required to retake only the examinations ~~examination(s)~~ failed.
2) *If an applicant neglects, fails, or refuses to take an examination for registration under this Act within 3 years after filing his application, the application fee shall be forfeited to the Department and the application denied. However, the applicant may thereafter make a new application for examination, accompanied by the required fee.* (Section 11 of the Act) New applications shall include proof of meeting the qualifications for examination in effect at the time of such new application with the exception provided in subsection (e)(3) ~~below~~.
3) Scores from examinations already passed under a previous application shall be carried over and applied to subsequent applications.

fi) Candidates who fail an examination may not review their examination booklet or the associated answer sheets. Rescoring of the examination

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

or any individual problem is not permitted; however, a retabulation of the numerical score will be permitted.

(Source: Amended at 25 Ill. Reg. 3865, effective MAR)

Section 1270.30 Endorsement

a) An applicant who is licensed or registered to practice Land Surveying as a Professional Land Surveyor or a Professional Land Surveyor-in-Training under the laws of another state or territory of the United States who desires to become licensed by endorsement shall file an application with the Department together with:

1) Proof that the applicant has met the requirements substantially equivalent to those in force in this state for a Licensed Professional Land Surveyor at the time of original or subsequent licensure by examination in the other state or territory, including certification of education, and verification of experience as appropriate;
2) A certification by the state or territory of original licensure and certification from the state or territory of predominant active practice, including the following:
   A) The time during which the applicant was licensed in that state or territory, including the date of the original issuance of the license;
   B) The basis of licensure and a description of all examinations by which the applicant was licensed in that state or territory and the date of passage of any such examinations; and
   C) Whether the records of the licensing authority contain any record of disciplinary action taken or pending against the applicant;
3) A complete work history indicating all employment since fulfillment of educational requirements;
4) The required fee specified in Section 1270.52;
5) Applicants who received a license after January 1, 1997 and who received their education in a foreign country shall have the education evaluated at their expense. Applicants shall obtain the forms from the National Council of Examiners for Engineers (NCEES), P.O. Box 1686, Clemson, South Carolina 29633-1686. The Board will review all transcripts and the evaluation submitted to the Department to determine if the education meets the requirements set forth in this Section and Section 1270.15;
6) Proof of passage of the Test of English as a Foreign Language (TOEFL) with a minimum score of 550 or 213 on the computer-based test and the Test of Spoken English (TSE) with a minimum score of 50, for applicants who were licensed ~~apply~~ after January 1, 1997, who graduated from a land surveyor program outside the United

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

States or its territories and whose first language is not English. In order to determine applicants whose first language is English, the applicant shall submit verification from the school that the land surveyor program from which the applicant graduated was taught in English.

b) An applicant for licensure under this Section shall be required to appear before the ~~Land--Surveyor-Examining~~ Board ~~(the-Board)~~ for an oral interview if the Department has questions about the applicant's application, because of discrepancies or conflicts in information, information needing further clarification and/or missing information.

c) Applicants for licensure on the basis of endorsement shall successfully complete the Illinois Jurisdictional Examination as set forth in Section 1270.20.

d) The Department shall examine each endorsement application to determine whether the requirements in the state or territory of original licensure were substantially equivalent to the requirements then in force in the State of Illinois. The Department shall either issue a license by endorsement to the applicant or notify the applicant in writing of the reason for the denial of such application.

(Source: Amended at 25 Ill. Reg. 3865, effective _____)

Section 1270.40 Restoration

a) A licensee seeking restoration of a license which has expired for less than 5 years shall have the license restored upon payment of $20 plus all lapsed renewal fees specified by Section 1270.52.

b) A licensee seeking restoration of a license which has been placed on inactive status for less than 5 years shall have his license restored upon payment of the current renewal fee specified by Section 1270.52.

c) A licensee seeking restoration of a license after it has expired or been placed on inactive status for more than 5 years shall file an application, on forms supplied by the Department, for review by the Board, together with the fee specified by Section 1270.52. The licensee shall also submit:

1) Certification of active practice in another jurisdiction. Such certification shall include a statement from the appropriate board or licensing authority in the jurisdiction that the licensee was authorized to practice during the term of said active practice;

2) An affidavit attesting to military service as provided in Section 16 of the Act;

3) Proof of passage of the Illinois Jurisdictional Examination and/or the NCEES examination within one year after application; or

4) Other evidence of continued competence in land surveying. Other evidence shall include, but not be limited to:

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

A) Employment in a responsible capacity by a licensed land surveyor as determined by the Board;

B) Lawfully practicing land surveying as an employee of a governmental agency;

C) Teaching land surveying in a college or university; or

D) Attendance at educational programs in land surveying.

d) Any person restoring a license within 2 years after discharge from military service pursuant to Section 16 of the Act will be required to pay only the current renewal fee.

e) When the accuracy of any submitted documentation, or the relevance or sufficiency of the course work or experience is questioned by the Department because of discrepancies or conflicts in information, information needing further clarification, or missing information, the licensee seeking restoration of his license shall be required to:

1) Provide such information as shall be necessary; and/or

2) Explain such relevance or sufficiency during an oral interview; or

3) Appear for an oral interview before the ~~Land-Surveyors-Examining~~ Board ~~(the-"Board")~~, when the information available to the Board is insufficient to evaluate the individual's current competency to practice under the Act. Upon the recommendation of the Board, and approval by the Director, an applicant shall have his license restored or shall be notified in writing of the reason for the denial of such application for restoration.

(Source: Amended at 25 Ill. Reg. 3865, effective _____)

Section 1270.45 Professional Design Firm

a) Persons who desire to practice land surveying in the State of Illinois in the form of a corporation, professional service corporation, partnership, limited liability company or limited liability partnership, or sole proprietorship (if the sole proprietorship is conducting or transacting business under an assumed name in accordance with the Assumed Business Name Act [805 ILCS 405]) pursuant to Section 25 of the Act, shall file an application with the Department on forms provided by the Department, together with the following:

1) For Corporations or Professional Service Corporations. (Registration as a professional design firm shall meet the registration requirements of Section 12 of the Professional Service Corporation Act [805 ILCS 10/12]).

A) The name of the corporation and its registered address, the names of all members of the board of directors and officers, and the name of the state and license number for each director who is a licensed design professional.

B) A copy of the Articles of Incorporation bearing the seal of the office, in the jurisdiction in which the corporation is

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

organized, whose duty it is to register corporations under the laws of that jurisdiction. If it is a foreign corporation, a copy of the certificate of authority to transact business in the State of Illinois issued by the Secretary of State is also required. The purpose clause of the Articles of Incorporation or the certificate of authority shall designate that the corporation is authorized to provide land surveying services. Each corporation shall remain active and in good standing with the Secretary of State in order to maintain a professional design ~~land surveying~~ firm registration.

C) A signed and dated resolution of the board of directors of the corporation designating a regular full-time employee of the corporation who is an Illinois licensed land surveyor as the managing agent in charge of the land surveying activities in Illinois. The Illinois license number of the land surveyor designated as the managing agent shall also be included in the resolution.

D) A copy of the authority to transact business under the Assumed Business Name Act issued by the Secretary of State for any assumed names of the corporation, if applicable.

E) A certificate of good standing from the Secretary of State and a copy of the latest annual report, if applicable.

2) For Partnerships.

A) General

i) A copy of the signed and dated partnership agreement authorizing the partnership to provide land surveying services. The partnership agreement shall contain the name of the partnership, its business address and the names of all partners. The name of the state in which each partner is licensed as a design professional and the license number shall be listed on the application.

ii) A signed and dated resolution adopted by the general partners designating a regular full-time employee of the partnership who is an Illinois licensed land surveyor as the managing agent in charge of the land surveying activities in this State. The Illinois license number of the land surveyor designated as the managing agent shall also be included in the resolution.

iii) A copy of the partnership documentation bearing the stamp of the county clerk where the partnership has been filed.

iv) A letter or certificate from the county clerk where an assumed name has been filed, if applicable.

B) Limited Partnership

i) A copy of the signed and dated partnership agreement indicating that it has been filed with the Secretary

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

of State authorizing the partnership to provide land surveying services. The partnership agreement shall contain the name of the partnership, its business address and the names of all partners. The name of the state in which each partner is licensed as a design professional and the license number shall be listed on the application.

ii) A signed and dated resolution adopted by the partners designating a full-time employee of the partnership who is an Illinois licensed land surveyor in this State as the managing agent in charge of land surveying activities. The Illinois license number of the land surveyor designated as the managing agent shall also be included in the resolution.

iii) A certificate of good standing from the Secretary of State and a copy of the latest annual report, if applicable.

iv) A copy of the authority to transact business under the Assumed Business Name Act issued by the Secretary of State for any assumed names of the partnership, if applicable.

3) For Limited Liability Companies or Limited Liability Partnerships.

A) An application containing the name of the limited liability company or partnership, the business address and the members/partners of the company/partnership, the name of the state and the license number of each member/partner licensed as a design professional.

B) A signed and dated resolution of the members or partners designating a full-time employee who is an Illinois licensed land surveyor as the managing agent in charge of the land surveying activities in this State. The Illinois license number of the managing agent shall also be included in the resolution.

C) A copy of the operating agreement or partnership agreement filed with the Secretary of State stating the company or partnership is authorized to offer land surveying services.

D) A certificate of good standing from the Secretary of State and a copy of the latest annual report, if applicable.

E) A copy of the authority to transact business under the Assumed Business Name Act issued by the Secretary of State for any assumed names of the limited liability company or partnership, if applicable.

4) For Sole Proprietorships with an Assumed Name.

A) An application containing the name of the sole proprietorship and its business address and the name and Illinois license number of the land surveyor who owns and operates the business.

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

B) A letter or certificate received from the county clerk where an assumed name has been filed.

5) A list of all office locations at which the corporation, professional service corporation, limited liability company/partnership, partnership or sole proprietorship provides land surveying services. *Any professional services corporation, sole proprietorship, or professional design firm offering land surveying services must have a resident land surveyor overseeing the land surveying practices in each location in which land surveying services are provided.* (Section 25(h) of the Act) A resident land surveyor is defined as an Illinois Licensed Land Surveyor who is physically present in the office supervising the professional land surveying operations a minimum of 40 hours a week or 80 percent of the hours the office is open, whichever is greater.

6) The fee required in Section 1270.52.

b) A professional design firm may designate more than one managing agent in charge of land surveying activities.

c) Upon receipt of the above documents and review of the application, the Department shall issue a registration authorizing the corporation, professional service corporation, limited liability company/partnership, partnership or sole proprietorship to engage in the practice of land surveying or notify the applicant in writing of the reason for the denial of the application.

d) Each corporation, professional service corporation, limited liability company/partnership, partnership or sole proprietorship with an assumed name shall be responsible for notifying the Department in writing within 30 days after any changes in:

1) The membership of the board of directors, members/partners of the limited liability company/partnership or the general partners;

2) The licensure status of any of the general partners, members/partners of the limited liability company/partnership or any of the licensed design professional members of the board of directors; and

3) An assumed name.

e) Each corporation, professional service corporation, limited liability company/partnership or partnership shall be responsible for notifying the Department in writing, by certified mail, within 10 business days after the termination or change in status of the managing agent. Thereafter, the corporation, professional service corporation, limited liability company/partnership or partnership, if it has so informed the Department, has 30 days to notify the Department of the name and license number of the land surveyor licensed in Illinois who is the newly designated managing agent.

f) Any failure to notify the Department as required in subsections (d) and (e) above or any failure of the corporation, professional service corporation, limited liability company/partnership or partnership to continue to comply with the requirements of Section 25 of the Act will

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

subject the corporation, limited liability company/partnership or partnership to the loss of its registration to practice land surveying in Illinois.

g) Sole Proprietorships. Any sole proprietorship owned and operated by a land surveyor who has an active Illinois license is exempt from the registration requirement of a professional design firm. However, if the sole proprietorship operates under an assumed name, the sole proprietorship shall file an application in accordance with subsection (a)(4). Any sole proprietorship not owned and operated by an Illinois licensed land surveyor shall be prohibited from offering land surveying services to the public.

h) In addition to the seal requirements in Section 15 of the Act, all documents or technical submissions prepared by the professional design ~~land--surveying~~ firm shall contain the professional design firm registration number issued by the Department.

(Source: Amended at 25 Ill. Reg. 3865, effective _____)

Section 1270.50 Renewals

a) Every license as a Professional Land Surveyor issued under the Act shall expire on November 30 of each even numbered year. The holder of a license may renew such license during the month preceding the expiration date thereof by paying the fee specified in Section 1270.52.

b) It is the responsibility of each licensee to notify the Department in writing of any change of address. Failure to receive a renewal form from the Department shall not constitute an excuse for failure to pay the renewal fee and to renew one's license.

c) *A license for a Land Surveyor-in-Training is valid for 10 years and may not be renewed* (Section 18 of the Act).

d) Every license issued to a professional design firm under the Act shall expire on April 30 of each odd numbered year. The holder of such license may renew that license for a 2-year period during the month preceding the expiration date thereof by paying the fee specified in Section 1270.52 and submitting an annual report or certificate of good standing from the Secretary of State.

e) Practicing or offering to practice on a license which has expired or been placed on inactive status shall be considered unlicensed activity and shall be grounds for discipline pursuant to Section 27 of the Act.

(Source: Amended at 25 Ill. Reg. 3865, effective _____)

Section 1270.55 Land Surveyor Complaint Committee

a) The Land Surveyor Complaint Committee of the Land Surveyors Licensing

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

~~Examining~~ Board authorized by Sections 8 and 29 of the Act shall be composed of 2 members of the Land Surveyors Licensing ~~Examining~~ Board, a Supervisor over Design Investigations and Chief of Prosecutions over Design Prosecutions. The Director of Enforcement shall designate the Supervisor and Chief assigned to the Complaint Committee.

b) The Complaint Committee shall meet at least once every 2 months to exercise its functions and duties set forth in subsection (c) below. The Complaint Committee may meet concurrently with the Complaint Committees of the Architecture Licensing Board, the State Board of Professional Engineers and the Structural Engineering Board to discuss interrelated professional matters. The Complaint Committee shall make every effort to consider expeditiously and take prompt action on each item on its agenda.

c) The Complaint Committee shall have the following duties and functions:
   1) To review investigative case files after an initial inquiry into the involved parties and their licensure status have been obtained. "Case file" means the allegation made against an involved party that resulted in a preliminary inquiry and other information being obtained in order to determine whether an investigation should be initiated or prosecution pursued. A "Formal Complaint" means the notice of allegations and charges or basis for licensure denial which begins the formal proceedings.
   2) To refer the case file to the Supervisor over the Design Investigators for further action. The Complaint Committee shall give the Supervisor an indication as to the prosecutorial merit and relative severity of the allegations to aid in the prioritization of investigative activity.
   3) To recommend that a case file be closed.
   4) To recommend that an Administrative Warning Letter be issued and the case file closed.
   5) To refer the case file to Prosecutions for review and action.
   6) To report the actions of the Complaint Committee at each ~~Examining~~ Board meeting and to present enforcement statistics such as the type of alleged violation.

d) In determining what action to take or whether to proceed with investigation and prosecution of a case file, the Complaint Committee shall consider the following factors, but not be limited to: the effect on the public's health, safety and welfare; the sufficiency of the evidence presented; prosecutorial merit; and sufficient cooperation from complaining parties.

e) At any time after referral to Prosecutions, the Department may enter into negotiations to resolve issues informally by way of a Consent Order. Factors to be considered in deciding whether to enter into settlement negotiations shall include, but not be limited to: the effect on the public's health, safety and welfare caused by the respondent's alleged conduct; sufficient investigation of the case; prosecutorial merit; relative severity of the respondent's alleged conduct; and past practices of the Department.

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

f) No file shall be closed nor Formal Complaint dismissed except upon recommendation of the Complaint Committee and/or approval by the Land Surveyors Licensing ~~Examining~~ Board. Those case files that previously have been before the Board and are the subject of a Consent Order or Formal Order of the Director may be closed without further recommendation or approval of the Land Surveyors Licensing ~~Examining~~ Board or the Complaint Committee.

g) Disqualification of a Land Surveyors Licensing ~~Examining~~ Board member.
   1) A Board member shall be recused from consideration of a case file or Formal Complaint when the Board member determines that a conflict of interest or prejudice would prevent that Board member from being fair and impartial.
   2) Participation in the initial stages of the handling of a case file, including participation on the Complaint Committee and in informal conferences, shall not bar a Board member from future participation or decision making relating to that case file.

h) An informal conference is the procedure established by the Department that may be used for compliance review, fact finding, discussion of the issues, resolving case files, licensing issues or conflicts prior to initiating any Formal Complaint or formal hearing. An informal conference may only be conducted upon agreement of both parties. Informal conferences shall be conducted by a Department attorney and shall include a members ~~member(s)~~ of the Board. Board members shall be scheduled for informal conferences on a rotating basis.

(Source: Amended at 25 Ill. Reg. 3865, effective _____)

Section 1270.58 Seal Requirements

Every individual professional land surveyor shall have a reproducible seal or facsimile, which may be computer generated, the impression of which shall contain the name of the land surveyor, his or her place of business, the license number of the professional land surveyor, and the words "professional land surveyor, State of Illinois". A professional land surveyor shall seal all documents prepared by or under the direct supervision and control of the professional land surveyor. Any seal on a plat of survey, which bears the name of a professional design firm, rather than bearing the name of the individual licensed professional land surveyor responsible for the survey, shall be deemed an invalid seal. The individual licensee's written signature and date of signing, along with the date of license expiration, shall be placed adjacent to the seal. Computer generated signatures will not be permitted.

(Source: Added at 25 Ill. Reg. 3865, effective _____)

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED RULES

1) Heading of the Part: Illinois Orthotics, Prosthetics and Pedorthics Practice Act

2) Code Citation: 68 Ill. Adm. Code 1325

3)

Section Numbers:	Adopted Action:
1325.05	New Section
1325.10	New Section
1325.15	New Section
1325.20	New Section
1325.25	New Section
1325.30	New Section
1325.35	New Section
1325.40	New Section
1325.45	New Section
1325.50	New Section
1325.55	New Section
1325.60	New Section
1325.65	New Section
1325.70	New Section

4) Statutory Authority: Implementing the Illinois Orthotics, Prosthetics and Pedorthics Practice Act [225 ILCS 5]

5) Effective Date of Rules: March 1, 2001

6) Does this rulemaking contain an automatic repeal date? No

7) Do these Rules contain incorporations by reference? Yes

8) A copy of the adopted rules, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Date Notice of Proposal Published in Illinois Register: November 13, 2000, at 24 Ill. Reg. 16541

10) Has JCAR issued a Statement of Objection to these Rules? No

11) Differences between proposal and final version: No provision was originally included in the proposed rules for the work experience requirement necessary for Board for Certification in Pedorthics (BCP) certification. Accordingly, Section 1325.35 has been added and the subsequent sections renumbered.

12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED RULES

13) Will these rules replace emergency rules currently in effect? No

14) Are there any Amendments pending on this Part? No

15) Summary and Purpose of Rules: Public Act 91-590, effective January 1, 2000, provides for the licensure of orthotists, prosthetists, and pedorthists by the Department of Professional Regulation. When adopted, these rules will allow the Department to begin accepting and processing licensure applications.

Sections 1325.15, 1325.20 and 1325.25 set forth the requirements for applicants to obtain a license in each of the three specialities. Section 1325.30 details the clinical residency requirements for orthotics and prosthetics, while Section 1325.40 defines the various levels of supervision. The rules also set forth the procedures for renewal of a license and under what circumstances the Director of the Department may grant variances to these rules. Acts constituting dishonorable, unethical or unprofessional conduct have been set forth in Section 1325.65.

Fees for licensure and renewal, as well as general processing fees, are set forth in Section 1325.50.

16) Information and questions regarding these adopted rules shall be directed to:

Department of Professional Regulation
Attention: Jean Courtney
320 West Washington, 3rd Floor
Springfield, Illinois 62786
217/785-0813
Fax: 217/782-7645

The full text of the adopted rules begins on the next page:

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED RULES

TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1325
ILLINOIS ORTHOTICS, PROSTHETICS AND PEDORTHICS PRACTICE ACT

Section
1325.5 Definitions
1325.10 Examination
1325.15 Application for Licensure as an Orthotist
1325.20 Application for Licensure as a Prosthetist
1325.25 Application for Licensure as a Pedorthist
1325.30 Clinical Residency in Orthotics and Prosthetics
1325.35 Qualified Work Experience in Pedorthics
1325.40 Supervision
1325.45 Classification of Devices
1325.50 Fees
1325.55 Renewals
1325.60 Endorsement
1325.65 Dishonorable, Unethical or Unprofessional Conduct
1325.70 Granting Variances

AUTHORITY: Implementing the Illinois Orthotics, Prosthetics and Pedorthics Practice Act [225 ILCS 5] and authorized by Section 60(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/60(7)].

SOURCE: Adopted at 25 Ill. Reg. 3883, effective _____.

Section 1325.5 Definitions

"Act" means the Illinois Orthotics, Prosthetics and Pedorthics Practice Act.

"Board" means the Board of Orthotics, Prosthetics, and Pedorthics.

"Department" means the Department of Professional Regulation.

"Director" means the Director of the Department of Professional Regulation.

"Orthotist" means a person who measures, designs, fabricates, fits, or services orthoses and assists in the formulation of the order of orthoses as ordered by a licensed physician for the support or correction of disabilities caused by neuro-musculoskeletal diseases, injuries, or deformities.

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED RULES

"Pedorthist" means a person who measures, designs, fabricates, fits or services pedorthic devices and assists in the formulation of the order of pedorthic devices as ordered by a licensed physician or licensed podiatrist for the support or correction of disabilities caused by neuro-musculoskeletal diseases, injuries, or deformities.

"Prosthetist" means a person who measures, designs, fabricates, fits, or services prostheses and assists in the formulation of the order of prostheses as ordered by a licensed physician for the replacement of external parts of the human body lost due to amputation or congenital deformities or absences.

Section 1325.10 Examination

a) Orthotics. The examination for licensure as an orthotist shall be the orthotics certification examination of the American Board for Certification in Orthotics and Prosthetics, Inc. (ABC).
b) Prosthetics. The examination for licensure as a prosthetist shall be the prosthetics certification examination of the American Board for Certification in Orthotics and Prosthetics, Inc. (ABC).
c) Pedorthics. The examination for licensure as a pedorthist shall be the pedorthics certification examination of the Board for Certification in Pedorthics (BCP).
d) Candidates shall make application for the examination, and pay the examination fee, directly to the designated testing service.
e) Unsuccessful candidates may retake the examination as many times as they wish. Retake application shall be made to the designated testing service.
f) Application to the designated testing service for purposes of taking the examination shall not constitute application to the Department.

Section 1325.15 Application for Licensure as an Orthotist

a) Any person seeking licensure as an orthotist shall file an application with the Department on forms provided by the Department. The application shall include the following:
   1) Either:
      A) Proof of a baccalaureate degree in an orthotics and prosthetics program approved by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or its predecessor or successor agency; or
      B) Proof of a baccalaureate degree from a regionally accredited school, college or university and a certificate from a CAAHEP accredited orthotics program;
   2) Proof of a clinical residency as set forth in Section 1325.30;
   3) Verification of successful completion of the orthotics examination set forth in Section 1325.10 received directly from the designated testing service;

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED RULES

4) A complete work history, on forms provided by the Department, since completion of a baccalaureate program; and
5) The required fee specified in Section 1325.50 of this Part.

b) Any person seeking licensure as an orthotist pursuant to Section 55 (Transition Period) of the Act shall file an application with the Department postmarked no later than January 1, 2002, on forms provided by the Department. The application shall include the following:
1) Either:
A) Proof of current certification as a Certified Orthotist (CO) or Certified Prosthetist/Orthotist (CPO) from ABC; or
B) Proof of full-time practice for 7 years prior to January 1, 2000 in orthotics as defined in Section 10 of the Act. The 7 years of practice has to be between January 1, 1993 and January 1, 2000. The application shall include:
i) Three affidavits from physicians licensed under the Medical Practice Act and/or podiatrists licensed under the Illinois Podiatric Medical Practice Act who have referred clients to the applicant; and
ii) Verification of orthotic experience. Experience shall be full-time in an orthotic/prosthetic facility. Full-time is defined as 30 hours per week. (Part-time experience shall be accepted if done in combination with acceptable prosthetic and pedorthic experience.);
2) A complete work history on forms provided by the Department;
3) The fee required in Section 1325.50 of this Part; and
4) Certification, on forms provided by the Department, from the state or territory of the United States in which the applicant was originally licensed and the state in which the applicant is currently licensed, if applicable, stating:
A) The time during which the applicant was licensed in that jurisdiction, including the date of the original issuance of the license; and
B) Whether the file on the applicant contains any record of disciplinary actions taken or pending.

c) An individual who meets the requirements of the Act and this Part and obtains a license in Illinois is considered to have met the internationally accepted standards of orthotics and prosthetics as set forth by the International Society for Prosthetics and Orthotics.

d) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or experience is questioned by the Department or the Board because of lack of information, discrepancies or conflicts in information given, or a need for clarification, the applicant seeking licensure shall be requested to:
1) Provide such information as may be necessary; and/or
2) Appear for an interview before the Board to explain such relevance or sufficiency, clarify information or clear up any discrepancies or conflicts in information.

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED RULES

Section 1325.20 Application for Licensure as a Prosthetist

a) Any person seeking licensure as a prosthetist shall file an application with the Department on forms provided by the Department. The application shall include the following:
1) Either:
A) Proof of a baccalaureate degree in an orthotic and prosthetic program approved by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or its predecessor or successor agency; or
B) Proof of a baccalaureate degree from a regionally accredited school, college or university and a certificate from a CAAHEP accredited prosthetic program;
2) Proof of a clinical residency as set forth in Section 1325.30;
3) Verification of successful completion of the prosthetics examination set forth in Section 1325.10 received directly from the designated testing service;
4) A complete work history since completion of a baccalaureate program; and
5) The required fee specified in Section 1325.50 of this Part.

b) Any person seeking licensure as a prosthetist pursuant to Section 55 (Transition Period) of the Act shall file an application with the Department postmarked no later that January 1, 2002, on forms provided by the Department. The application shall include the following:
1) Either:
A) Proof of current certification as a Certified Prosthetist (CP) or Certified Prosthetist/Orthotist (CPO) from ABC; or
B) Proof of full-time practice for 7 years prior to January 1, 2000 in prosthetics as defined in Section 10 of the Act. The 7 years of practice has to be between January 1, 1993 and January 1, 2000; The application shall include:
i) Three affidavits from physicians licensed under the Medical Practice Act who have referred clients to the applicant; and
ii) Verification of prosthetic experience. Experience shall be full-time in an orthotic/prosthetic facility. Full-time is defined as 30 hours per week. (Part-time experience shall be accepted if done in combination with acceptable orthotic and pedorthic experience.);
2) A complete work history on forms provided by the Department;
3) The fee required in Section 1325.50 of this Part; and
4) Certification, on forms provided by the Department, from the state or territory of the United States in which the applicant was originally licensed and the state in which the applicant is currently licensed, if applicable, stating:
A) The time during which the applicant was licensed in that jurisdiction, including the date of the original issuance of the license; and

B) Whether the file on the applicant contains any record of disciplinary actions taken or pending.

c) An individual who meets the requirements of the Act and this Part and obtains a license in Illinois is considered to have met the internationally accepted standards of orthotics and prosthetics as set forth by the International Society for Prosthetics and Orthotics.

d) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or experience is questioned by the Department or the Board because of lack of information, discrepancies or conflicts in information given or a need for clarification, the applicant seeking licensure shall be requested to:

1) Provide such information as may be necessary; and/or

2) Appear for an interview before the Board to explain such relevance or sufficiency, clarify information or clear up any discrepancies or conflicts in information.

Section 1325.25 Application for Licensure as a Pedorthist

a) Any person seeking licensure as a pedorthist shall file an application with the Department on forms provided by the Department. The application shall include the following:

1) Proof of graduation from high school or its equivalent;

2) Proof of formal pedorthic education from a program recognized by the Department for certification in Pedorthics pursuant to Section 10 of the Act;

3) Proof of completion of a qualified work experience set forth in Section 1325.35 of this Part;

4) Verification of successful completion of the pedorthic examination set forth in Section 1325.10 received directly from the designated testing service;

5) A complete work history since completion of pedorthic education; and

6) The required fee specified in Section 1345.50 of this Part.

b) Any person seeking licensure as a pedorthist pursuant to Section 55 (Transition Period) of the Act shall file an application with the Department, on forms provided by the Department, postmarked no later than January 1, 2002. The application shall include the following:

1) Either:

A) Proof of certification as a Certified Pedorthist (CPed) by the Board of Certification in Pedorthics, Inc. (BCP) or certification as a Certified Orthotist (CO) or Certified Prosthetist/Orthotist (CPO) from ABC; or

B) Proof of full-time practice for 7 years prior to January 1, 2000 in pedorthics as defined in Section 10 of the Act. The 7 years of practice has to be between January 1, 1993 and January 1, 2000. The application shall include:

i) Three affidavits from physicians licensed under the Medical Practice Act and/or podiatrists licensed under

the Illinois Podiatric Medical Practice Act who have referred clients to the applicant; and

ii) Verification of pedorthic experience. Experience shall be full-time in a pedorthic or orthotic/prosthetic facility. Full-time is defined as 30 hours per week. (Part-time experience shall be accepted if done in combination with acceptable orthotics and prosthetics experience.);

2) A complete work history on forms provided by the Department;

3) The fee required in Section 1325.50 of this Part; and

4) Certification, on forms provided by the Department, from the state or territory of the United States in which the applicant was originally licensed and the state in which the applicant is currently licensed, if applicable, stating:

A) The time during which the applicant was licensed in that jurisdiction, including the date of the original issuance of the license; and

B) Whether the file on the applicant contains any record of disciplinary actions taken or pending.

c) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or experience is questioned by the Department or the Board because of lack of information, discrepancies or conflicts in information given or a need for clarification, the applicant seeking licensure shall be requested to:

1) Provide such information as may be necessary; and/or

2) Appear for an interview before the Board to explain such relevance or sufficiency, clarify information or clear up any discrepancies or conflicts in information.

Section 1325.30 Clinical Residency in Orthotics and Prosthetics

a) Applicants must complete a clinical residency of at least 1900 hours in the area for which the license is being sought (either orthotics or prosthetics). The residency shall meet the following criteria:

1) The clinical experience shall be under the direct supervision of a licensed orthotist or prosthetist or an ABC certified orthotist, prosthetist or prosthetist/orthotist and shall be in a facility that has received accreditation for an Orthotic and/or Prosthetic Residency Program from the National Commission on Orthotic and Prosthetic Education (NCOPE), or its successor.

2) A maximum of 45 hours worked in any seven-day period may be applied toward meeting the 1900 hour requirement. The 1900 hours may be accumulated over a period not to exceed 24 months. The 1900 hour period must have been obtained within 10 years prior to the date of the application.

3) Experience shall be obtained subsequent to education. Experience should be at all levels of orthotic and/or prosthetic care.

b) Applicants who submit evidence of completion of a 1900 hour residency

that is approved by the National Commission on Orthotic and Prosthetic Education (NCOPE) or Commission for Accreditation of Allied Health Education Programs (CAAHEP) meet the requirements set forth in this Section.

Section 1325.35 Qualified Work Experience in Pedorthics

a) Applicants must complete a qualified work experience of at least 80 hours in pedorthics. This is a hands on internship program designed to promote the applicant's ability to provide quality patient care by enhancing his/her performance level of basic pedorthic tasks. The applicant shall meet the following critera:
   1) The clinical experience shall be under the direct supervision of a licensed pedorthist or a BCP certified pedorthist and shall be in a pedorthic facility that has received accreditation by the BCP.
   2) A maximum of 45 hours worked in any 7 day period may be applied toward meeting the 80 hour requirement. The 80 hours may be accumluated over a period not to exceed 12 months. The 80 hour period must have been obtained within 5 years prior to the date of the application.
   3) Experience shall be obtained subsequent to education. Experience shall be at all levels of pedorthic care.
b) Applicants who submit evidence of completion of a qualified work experience that is approved by the Board for Certification in Pedothics, Inc., meet the requirements set forth in this Section.

Section 1325.40 Supervision

a) Non-licensed caregivers (assistants, technicians, residents, or students) may provide orthotic, prosthetic, or pedorthic services only under the supervision of a licensee. The following sets forth four levels of supervision and identifies the supervisory relationship between the licensed orthotist, prosthetist, or pedorthist and other non-licensed orthotic, prosthetic, or pedorthic caregivers.
   1) Independent - The licensed caregiver is qualified to provide independent, unsupervised, direct patient care as well as confer or consult with colleagues, physicians or other allied health professionals in providing patient care within the scope of practice.
   2) Indirect Supervision - The non-licensed caregiver is qualified to provide patient care independent of a licensee; however, the licensed supervisor must review and countersign all entries in the patient's clinical record within 15 working days following the delivery of care. The supervisor must be physically available for consultation within 60 minutes during the delivery of care.
   3) Close Supervision - The non-licensed caregiver is qualified to provide patient care independent of the designated clinical supervisor (licensed orthotist, prosthetist, or pedorthist); however, the supervisor must personally review the assessment and care rendered. The supervisor must be physically present in the facility and available for consultation throughout the delivery of care. The supervisor is responsible for countersigning all entries in the patient's clinical record.
   4) Direct Supervision - The non-licensed caregiver is not qualified to provide patient care independent of the designated clinical supervisor (licensed orthotist, prosthetist, or pedorthist) and is only qualified to provide care under supervision. The supervisor must review the results of care rendered by the supervised individual before dismissal of the patient. The supervisor is available for consultation throughout the patient care process. The supervisor is responsible for countersigning all entries by the caregiver in the patient's clinical record before dismissal of the patient.
b) Assistants may provide all levels of care. Supervision is based on training and experience of the assistant and the classification of the device. Custom fabricated and fitted devices and custom fitted devices (high complexity) should be provided under direct or close supervision. Custom fitted devices (low complexity) should be provided under close or indirect supervision. Off-the-shelf devices and over-the-counter devices may be provided under indirect supervision.
c) Technicians shall only provide care involving technical implementation skills and no clinical assessment or patient management skills. The care shall be under close or direct supervision depending on the complexity of the care.
d) Residents shall provide all levels of care under supervision. Supervision should progress from direct supervision to indirect supervision as the resident progresses through the residency program.
e) Students shall provide all levels of care under direct supervision.

Section 1325.45 Classification of Devices

a) The Health Care Financing Administration's (HCFA) Common Procedure Coding System (HCPCS) is used as a universal coding database for orthotic, prosthetic, and pedorthic devices. To determine the appropriate level of supervision, the following categorizations are used:
   1) "Custom fabricated and fitted device" means an orthosis, prosthesis, or pedorthic device fabricated to original measurements and/or a mold for use by a patient in accordance with a prescription and that requires substantial clinical and technical judgment in its design and fitting. Licensees or non-licensed caregivers under direct or close supervision should provide custom fabricated and fitted devices.
   2) "Custom fitted device" means a prefabricated orthosis, prosthesis, or pedorthic device sized and/or modified for use by

the patient in accordance with a prescription, and that requires substantial clinical judgment and substantive alteration for appropriate use. Licensees or non-licensed caregivers under close or indirect supervision should provide custom fitted devices. Custom fitted devices are sub-classified as "high complexity" or "low complexity".

A) Custom fitted device (high complexity): A prefabricated orthosis, prosthesis, or pedorthic device sized and/or modified for use by the patient in accordance with a prescription and that requires substantial clinical judgment (involving high clinical assessment and patient management skills) or substantive alteration (involving medium technical implementation skills) for appropriate use.

B) Custom fitted device (low complexity): A prefabricated orthosis, prosthesis, or pedorthic device sized and/or modified for use by the patient in accordance with a prescription and that requires substantial clinical judgment (involving medium clinical assessment and patient management skills) or substantive alteration (involving low technical implementation skills) for appropriate use.

3) "Off-the-shelf device" means a prefabricated orthosis, prosthesis or pedorthic device sized and/or modified for use by the patient in accordance with a prescription and that does not require substantial clinical judgment and substantive alteration for appropriate use. Licensees or non-licensed caregivers under indirect supervision may provide off-the-shelf devices.

4) "Over-the-counter device" means a prefabricated, mass-produced device that is prepackaged and requires no professional advice or judgement in either size selection or use, including fabric or elastic supports, corsets, generic insoles, elastic hose. Over-the-counter devices do not require the supervision of a licensee.

b) The Department hereby incorporates by reference the Categorization of Orthotic and Prosthetic HCPCS Payment Codes, Orthotics and Prosthetics National Office, Inc., 1650 King Street, Suite 500, Alexandria VA 22314-2747, August 2000, with no later amendments or editions.

Section 1325.50 Fees

The following fees shall be paid to the Department and are nonrefundable:

a) The fee for application for a license as an orthotist, prosthetist or pedorthist is $400.

b) The fee for renewal of an orthotist, prosthetist or pedorthist license is $125 per year.

c) The fee for restoration of a license other than from inactive status is $20 plus payment of all lapsed renewal fees.

d) The fee for issuance of a duplicate license or for the issuance of a replacement license for a license that has been lost or destroyed is $20.

e) The fee for the issuance of a license with a change of name or address, other than during the renewal period, is $20. No fee is required for name and address changes on Department records when no duplicate license is printed.

f) The fee for certification of a license for any purpose is $20.

g) The fee for a wall certificate showing licensure is the actual cost of producing the certificate.

h) The fee for a roster of persons licensed under the Act is the actual cost of producing the roster.

Section 1325.55 Renewals

a) The first license issued shall expire on September 30, 2003 and every September 30 of odd-numbered years. The holder of the license may renew the license during the month preceding the expiration date by paying the required fee.

b) It is the responsibility of each license holder to notify the Department of any change of address. Failure to receive a renewal form from the Department shall not constitute an excuse for failure to pay the renewal fee.

c) Practice on an expired license shall be considered the unlicensed practice of orthotics, prosthetics, or pedorthics and subject to discipline or other penalties set forth in Section 90 of the Act.

Section 1325.60 Endorsement

a) An applicant seeking licensure in Illinois who is licensed/registered under the laws of another jurisdiction shall file an application with the Department, on forms provided by the Department, that includes:

1) Certification of education and experience set forth in Sections 1325.15, 1325.20 and 1325.25 of this Part;

2) Proof of successful completion of the examination set forth in Section 1325.10 of this Part;

3) A work history on forms provided by the Department since completion of education;

4) The fee required in Section 1325.50 of this Part; and

5) Certification from the state or territory of the United States in which the applicant was originally licensed and the states in which the applicant is currently licensed, stating:

A) The time during which the applicant was licensed/registered in that jurisdiction; and

B) Whether the file on the applicant contains any record of disciplinary actions taken or pending.

b) The Department may request additional information to determine if the requirements in the state or territory of original licensure were substantially equivalent to the requirements then in effect in Illinois or to determine whether the requirements of another state or

territory, together with education and professional experience qualifications of the applicant, are substantially equivalent to the requirements in Illinois at the time of application or is certified by a national certification organization with educational and testing standards equal to or more stringent than the licensing requirements of this State.

c) In lieu of the documentation required in subsections (a)(1) and (2), the Department will accept proof of current certification from the American Board for Certification in Orthotics and Prosthetics, Inc., or current certification from the Board for Certification in Pedorthics, Inc.

d) The Department shall either issue a license by endorsement to the applicant or notify him/her of the reasons for the denial of the application.

Section 1325.65 Dishonorable, Unethical or Unprofessional Conduct

a) Pursuant to Section 90(a)(9) of the Act, engaging in dishonorable, unethical or unprofessional conduct in the practice of orthotics, prosthetics, or pedorthics shall include but not be limited to:
   1) The promotion of the sale of services and devices in such manner as to exploit the patient or client for the financial gain of the practitioner or of a third party.
   2) Directly or indirectly offering, giving, soliciting, or receiving, or agreeing to receive, any fee or other consideration to or from a third party for the referral of a patient or client.
   3) Revealing of personally identifiable facts, data or information about a patient or client obtained in a professional capacity without the prior consent of the patient or client, except as authorized or required by law.
   4) Providing care or services without an order from a licensed physician or podiatrist.
   5) Practicing or offering to practice beyond the scope permitted by law, or accepting and performing professional responsibilities that the licensee knows or has reason to know that he or she is not competent to perform.
   6) Delegating professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that the person to whom the responsibilities were delegated is not qualified by training, experience, or licensure to perform them.
   7) Failing to exercise appropriate supervision over persons who are authorized to practice only under the supervision of a licensed orthotist, prosthetist, or pedorthist.
   8) Overutilizing services by providing excessive evaluation or treatment procedures not warranted by the condition of the patient or by continuing treatment beyond the point of possible benefit.

   9) Making gross or deliberate misrepresentations or misleading claims, including but not limited to:
      A) professional qualifications;
      B) the efficacy or value of the treatments, remedies or devices given or recommended.
   10) Gross and willful and continued overcharging for professional services, including filing false statements for collection of fees for which services are not rendered.
   11) Failing to maintain a record for each patient that accurately reflects the evaluation and treatment of the patient.
   12) Advertising or soliciting for patronage in a manner that is fraudulent or misleading. Examples of advertising or soliciting that are considered fraudulent or misleading shall include, but not be limited to:
      A) Advertising by means of testimonials, anecdotal reports of orthotic, prosthetic, or pedorthic practice successes or claims of superior quality of care to entice the public; or
      B) Advertising that contains false, fraudulent, deceptive or misleading materials, warranties or guarantees of success, statements that play upon vanities or fears of the public or statements that promote or produce unfair competition.

b) Pedorthics: The Department hereby incorporates by reference the Code of Ethical Conduct of the Board for Certification in Pedorthics, Inc., 7150 Columbia Gateway Drive, Suite G, Columbia MD 21046-1151, July 2000, with no later amendments or editions.

c) Orthotics and Prosthetics: The Department hereby incorporates by reference the Canons of Ethical Conduct, American Board for Certification in Orthotics and Prosthetics, Inc., 1650 King Street, Suite 500, Alexandria VA 22314-2747, December 1999, with no later amendments and editions; and the Code of Ethics, International Society for Prosthetics and Orthotics, Education Committee, Borgervaenget 5, 2100 Copenhagen, Denmark, January 1998, with no later amendments and editions.

Section 1325.70 Granting Variances

a) The Director may grant variances from this Part in individual cases where he/she finds that:
   1) The provision from which the variance is granted is not statutorily mandated;
   2) No party will be injured by the granting of the variance; and
   3) The rule from which the variance is granted would, in the particular case, be unreasonable or unnecessarily burdensome.

b) The Director shall notify the Board of the granting of the variance, and the reasons therefor, at the next meeting of the Board.

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Medical Payment

2) Code Citation: 89 Ill. Adm. Code 140

3)

Section Numbers:	Adopted Action:
140.21	Amendment
140.22	Repeal

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]

5) Effective Date of Amendments: March 1, 2001

6) Does this rulemaking contain an automatic repeal date? No

7) Do these amendments contain incorporations by reference? No

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: October 6, 2000 (24 Ill. Reg. 14593)

10) Has JCAR issued a Statement of Objection to these amendments? No

11) Differences Between Proposal and Final Version: Adopted amendments that were effective on December 1, 2000, and published on December 15, 2000, at 24 Ill. Reg. 18320, have been added to Section 140.21. No other substantive changes have been made.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

13) Will these amendments replace emergency amendments currently in effect? No

14) Are there any other amendments pending on this Part? Yes

Sections	Proposed Action	Illinois Register Citation
140.416	Amendment	December 22, 2000; 24 Ill. Reg. 18486
140.417	Amendment	December 22, 2000; 24 Ill. Reg. 18486
140.418	Amendment	December 22, 2000; 24 Ill. Reg. 18486
140.445	Amendment	December 29, 2000; 24 Ill. Reg. 18999
140.446	Amendment	December 29, 2000; 24 Ill. Reg. 18999
140.447	Amendment	December 29, 2000; 24 Ill. Reg. 18999
140.494	Amendment	August 4, 2000; 24 Ill. Reg. 11539

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

15) Summary and Purpose of Amendments: These amendments to Section 140.21 provide clarifications regarding payment from the Department for services provided to Qualified Medicare Beneficiaries (QMBs). The current provisions of this Section state that providers will be reimbursed for services at the full Medicare deductible and coinsurance rate for non-Medicaid covered services. These amendments specify that such coverage for QMBs is made only for services that are approved by Medicare, but not covered by Medicaid. These clarifications are necessary to clearly align the rule with policy.

The repeal of Section 140.22, Magnetic Tape Billings, is necessary because the rule is outdated. This Section is concerned with billings by way of magnetic tape from pharmacies. Such billings were executed under written agreement between a pharmacy and a billing service that was approved by the Department. Pharmacies now bill the Department electronically for services rendered to Public Aid clients.

16) Information and questions regarding these adopted amendments shall be directed to:

Joanne Jones
Office of the General Counsel, Rules Section
Illinois Department of Public Aid
201 South Grand Avenue East, Third Floor
Springfield, Illinois 62763-0002
(217) 524-0081

The full text of the adopted amendments begins on the next page:

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER d: MEDICAL PROGRAMS

PART 140
MEDICAL PAYMENT

SUBPART A: GENERAL PROVISIONS

Section

SUBPART B: MEDICAL PROVIDER PARTICIPATION

Section

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

SUBPART C: PROVIDER ASSESSMENTS

Section

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

SUBPART E: GROUP CARE

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

SUBPART F: MEDICAID PARTNERSHIP PROGRAM

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

SUBPART G: MATERNAL AND CHILD HEALTH PROGRAM

SUBPART H: ILLINOIS COMPETITIVE ACCESS AND REIMBURSEMENT EQUITY (ICARE) PROGRAM

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

TABLE C	Capital Cost Areas
TABLE D	Schedule of Dental Procedures
TABLE E	Time Limits for Processing of Prior Approval Requests
TABLE F	Podiatry Service Schedule
TABLE G	Travel Distance Standards
TABLE H	Areas of Major Life Activity
TABLE I	Staff Time and Allocation for Training Programs (Recodified)
TABLE J	HSA Grouping (Repealed)
TABLE K	Services Qualifying for 10% Add-On (Repealed)
TABLE L	Services Qualifying for 10% Add-On to Surgical Incentive Add-On (Repealed)
TABLE M	Enhanced Rates for Maternal and Child Health Provider Services

AUTHORITY: Implementing and authorized by Articles III, IV, V, VI and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V, VI and 12-13].

SOURCE: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10, 1979; rule repealed and new rule adopted at 6 Ill. Reg. 8374, effective July 6, 1982; emergency amendment at 6 Ill. Reg. 8508, effective July 6, 1982, for a maximum of 150 days; amended at 7 Ill. Reg. 681, effective December 30, 1982; amended at 7 Ill. Reg. 7956, effective July 1, 1983; amended at 7 Ill. Reg. 8308, effective July 1, 1983; amended at 7 Ill. Reg. 8271, effective July 5, 1983; emergency amendment at 7 Ill. Reg. 8354, effective July 5, 1983, for a maximum of 150 days; amended at 7 Ill. Reg. 8540, effective July 15, 1983; amended at 7 Ill. Reg. 9382, effective July 22, 1983; amended at 7 Ill. Reg. 12868, effective September 20, 1983; peremptory amendment at 7 Ill. Reg. 15047, effective October 31, 1983; amended at 7 Ill. Reg. 17358, effective December 21, 1983; amended at 8 Ill. Reg. 254, effective December 21, 1983; emergency amendment at 8 Ill. Reg. 580, effective January 1, 1984, for a maximum of 150 days; codified at 8 Ill. Reg. 2483; amended at 8 Ill. Reg. 3012, effective February 22, 1984; amended at 8 Ill. Reg. 5262, effective April 9, 1984; amended at 8 Ill. Reg. 6785, effective April 27, 1984; amended at 8 Ill. Reg. 6983, effective May 9, 1984; amended at 8 Ill. Reg. 7258, effective May 16, 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 7910, effective June 1, 1984; amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8 Ill. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17899; peremptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, effective October 19, 1984; peremptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 24, 1984; peremptory amendment at 8 Ill. Reg. 22155, effective October 29, 1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of 150 days;

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

amended at 8 Ill. Reg. 25067, effective December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 Ill. Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective May 28, 1985; amended at 9 Ill. Reg. 9564, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June 26, 1985; emergency amendment at 9 Ill. Reg. 11403, effective June 27, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11357, effective June 28, 1985; amended at 9 Ill. Reg. 12000, effective July 24, 1985; amended at 9 Ill. Reg. 12306, effective August 5, 1985; amended at 9 Ill. Reg. 13998, effective September 3, 1985; amended at 9 Ill. Reg. 14684, effective September 13, 1985; amended at 9 Ill. Reg. 15503, effective October 4, 1985; amended at 9 Ill. Reg. 16312, effective October 11, 1985; amended at 9 Ill. Reg. 19138, effective December 2, 1985; amended at 9 Ill. Reg. 19737, effective December 9, 1985; amended at 10 Ill. Reg. 238, effective December 27, 1985; emergency amendment at 10 Ill. Reg. 798, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 672, effective January 6, 1986; amended at 10 Ill. Reg. 1206, effective January 13, 1986; amended at 10 Ill. Reg. 3041, effective January 24, 1986; amended at 10 Ill. Reg. 6981, effective April 16, 1986; amended at 10 Ill. Reg. 7825, effective April 30, 1986; amended at 10 Ill. Reg. 8128, effective May 7, 1986; emergency amendment at 10 Ill. Reg. 8912, effective May 13, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 11440, effective June 20, 1986; amended at 10 Ill. Reg. 14714, effective August 27, 1986; amended at 10 Ill. Reg. 15211, effective September 12, 1986; emergency amendment at 10 Ill. Reg. 16729, effective September 18, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 18808, effective October 24, 1986; amended at 10 Ill. Reg. 19742, effective November 12, 1986; amended at 10 Ill. Reg. 21784, effective December 15, 1986; amended at 11 Ill. Reg. 698, effective December 19, 1986; amended at 11 Ill. Reg. 1418, effective December 31, 1986; amended at 11 Ill. Reg. 2323, effective January 16, 1987; amended at 11 Ill. Reg. 4002, effective February 25, 1987; Section 140.71 recodified to 89 Ill. Adm. Code 141 at 11 Ill. Reg. 4302; amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended at 11 Ill. Reg.7664, effective April 15, 1987; emergency amendment at 11 Ill. Reg. 9342, effective April 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill. Reg. 10903, effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22, 1987; amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 Ill. Reg. 12290, effective July 6, 1987; amended at 11 Ill. Reg. 14048, effective August 14, 1987; amended at 11 Ill. Reg. 14771, effective August 25, 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987; amended at 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. 18696, effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective December 14, 1987; amended at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1960, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 5427, effective March 15, 1988; amended at 12 Ill. Reg. 6246, effective March 16, 1988; amended at 12 Ill. Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 140.Table H and 140.Table I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147.Table A and 147.Table B at 12

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Ill. Reg. 6956; amended at 12 Ill. Reg. 6927, effective April 5, 1988; Sections 140.940 thru 140.972 recodified to 89 Ill. Adm. Code 149.5 thru 149.325 at 12 Ill. Reg. 7401; amended at 12 Ill. Reg. 7695, effective April 21, 1988; amended at 12 Ill. Reg. 10497, effective June 3, 1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; emergency amendment at 12 Ill. Reg. 11868, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12509, effective July 15, 1988; amended at 12 Ill. Reg. 14271, effective August 29, 1988; emergency amendment at 12 Ill. Reg. 16921, effective September 28, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16738, effective October 5, 1988; amended at 12 Ill. Reg. 17879, effective October 24, 1988; amended at 12 Ill. Reg. 18198, effective November 4, 1988; amended at 12 Ill. Reg. 19396, effective November 6, 1988; amended at 12 Ill. Reg. 19734, effective November 15, 1988; amended at 13 Ill. Reg. 125, effective January 1, 1989; amended at 13 Ill. Reg. 2475, effective February 14, 1989; amended at 13 Ill. Reg. 3069, effective February 28, 1989; amended at 13 Ill. Reg. 3351, effective March 6, 1989; amended at 13 Ill. Reg. 3917, effective March 17, 1989; amended at 13 Ill. Reg. 5115, effective April 3, 1989; amended at 13 Ill. Reg. 5718, effective April 10, 1989; amended at 13 Ill. Reg. 7025, effective April 24, 1989; Sections 140.850 thru 140.896 recodified to 89 Ill. Adm. Code 146.5 thru 146.225 at 13 Ill. Reg. 7040; amended at 13 Ill. Reg. 7786, effective May 20, 1989; Sections 140.94 thru 140.398 recodified to 89 Ill. Adm. Code 148.10 thru 148.390 at 13 Ill. Reg. 9572; emergency amendment at 13 Ill. Reg. 10977, effective July 1, 1989, for a maximum of 150 days; emergency expired November 28, 1989; amended at 13 Ill. Reg. 11516, effective July 3, 1989; amended at 13 Ill. Reg. 12119, effective July 7, 1989; Section 140.110 recodified to 89 Ill. Adm. Code 148.120 at 13 Ill. Reg. 12118; amended at 13 Ill. Reg. 12562, effective July 17, 1989; amended at 13 Ill. Reg. 14391, effective August 31, 1989; emergency amendment at 13 Ill. Reg. 15473, effective September 12, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 16992, effective October 16, 1989; amended at 14 Ill. Reg. 190, effective December 21, 1989; amended at 14 Ill. Reg. 2564, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 3241, effective February 14, 1990, for a maximum of 150 days; emergency expired July 14, 1990; amended at 14 Ill. Reg. 4543, effective March 12, 1990; emergency amendment at 14 Ill. Reg. 4577, effective March 6, 1990, for a maximum of 150 days; emergency expired August 3, 1990; emergency amendment at 14 Ill. Reg. 5575, effective April 1, 1990, for a maximum of 150 days; emergency expired August 29, 1990; emergency amendment at 14 Ill. Reg. 5865, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 7141, effective April 27, 1990; emergency amendment at 14 Ill. Reg. 7249, effective April 27, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 10062, effective June 12, 1990; amended at 14 Ill. Reg. 10409, effective June 19, 1990; emergency amendment at 14 Ill. Reg. 12082, effective July 5, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 13262, effective August 6, 1990; emergency amendment at 14 Ill. Reg. 14184, effective August 16, 1990, for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 14570, effective August 22, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14826, effective August 31, 1990; amended at 14 Ill. Reg. 15366, effective September 12, 1990; amended at 14 Ill. Reg. 15981, effective September 21, 1990; amended

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

at 14 Ill. Reg. 17279, effective October 12, 1990; amended at 14 Ill. Reg. 18057, effective October 22, 1990; amended at 14 Ill. Reg. 18508, effective October 30, 1990; amended at 14 Ill. Reg. 18813, effective November 6, 1990; amended at 14 Ill. Reg. 20478, effective December 7, 1990; amended at 14 Ill. Reg. 20729, effective December 12, 1990; amended at 15 Ill. Reg. 298, effective December 28, 1990; emergency amendment at 15 Ill. Reg. 592, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 1051, effective January 18, 1991; Section 140.569 withdrawn at 15 Ill. Reg. 1174; amended at 15 Ill. Reg. 6220, effective April 18, 1991; amended at 15 Ill. Reg. 6534, effective April 30, 1991; amended at 15 Ill. Reg. 8264, effective May 23, 1991; amended at 15 Ill. Reg. 8972, effective June 17, 1991; amended at 15 Ill. Reg. 10114, effective June 21, 1991; amended at 15 Ill. Reg. 10468, effective July 1, 1991; amended at 15 Ill. Reg. 11176, effective August 1, 1991; emergency amendment at 15 Ill. Reg. 11515, effective July 25, 1991, for a maximum of 150 days; emergency expired December 22, 1991; emergency amendment at 15 Ill. Reg. 12919, effective August 15, 1991, for a maximum of 150 days; emergency expired January 12, 1992; emergency amendment at 15 Ill. Reg. 16366, effective October 22, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 17318, effective November 18, 1991; amended at 15 Ill. Reg. 17733, effective November 22, 1991; emergency amendment at 16 Ill. Reg. 300, effective December 20, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 174, effective December 24, 1991; amended at 16 Ill. Reg. 1877, effective January 24, 1992; amended at 16 Ill. Reg. 3552, effective February 28, 1992; amended at 16 Ill. Reg. 4006, effective March 6, 1992; amended at 16 Ill. Reg. 6408, effective March 20, 1992; amended at 16 Ill. Reg. 6849, effective April 7, 1992; amended at 16 Ill. Reg. 7017, effective April 17, 1992; amended at 16 Ill. Reg. 10050, effective June 5, 1992; amended at 16 Ill. Reg. 11174, effective June 26, 1992; expedited correction at 16 Ill. Reg. 11348, effective March 20, 1992; emergency amendment at 16 Ill. Reg. 11947, effective July 10, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 12186, effective July 24, 1992; emergency amendment at 16 Ill. Reg. 13337, effective August 14, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 15109, effective September 21, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 15561, effective September 30, 1992; amended at 16 Ill. Reg. 17302, effective November 2, 1992; emergency amendment at 16 Ill. Reg. 18097, effective November 17, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19146, effective December 1, 1992; amended at 16 Ill. Reg. 19879, effective December 7, 1992; amended at 17 Ill. Reg. 837, effective January 11, 1993; amended at 17 Ill. Reg. 1112, effective January 15, 1993; amended at 17 Ill. Reg. 2290, effective February 15, 1993; amended at 17 Ill. Reg. 2951, effective February 17, 1993; amended at 17 Ill. Reg. 3421, effective February 19, 1993; amended at 17 Ill. Reg. 6196, effective April 5, 1993; amended at 17 Ill. Reg. 6839, effective April 21, 1993; amended at 17 Ill. Reg. 7004, effective May 17, 1993; expedited correction at 17 Ill. Reg. 7078, effective December 1, 1992; emergency amendment at 17 Ill. Reg. 11201, effective July 1, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 15162, effective September 2, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 18152, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 18571, effective October 8, 1993;

emergency amendment at 17 Ill. Reg. 18611, effective October 1, 1993, for a maximum of 150 days; emergency amendment suspended effective October 12, 1993; amended at 17 Ill. Reg. 20999, effective November 24, 1993; emergency amendment repealed at 17 Ill. Reg. 22583, effective December 20, 1993; amended at 18 Ill. Reg. 3620, effective February 28, 1994; amended at 18 Ill. Reg. 4250, effective March 4, 1994; amended at 18 Ill. Reg. 5951, effective April 1, 1994; emergency amendment at 18 Ill. Reg. 10922, effective July 1, 1994, for a maximum of 150 days; emergency amendment suspended, effective November 15, 1994; emergency amendment repealed at 19 Ill. Reg. 5839, effective April 4, 1995; amended at 18 Ill. Reg. 11244, effective July 1, 1994; amended at 18 Ill. Reg. 14126, effective August 29, 1994; amended at 18 Ill. Reg. 16675, effective November 1, 1994; amended at 18 Ill. Reg. 18059, effective December 19, 1994; amended at 19 Ill. Reg. 1082, effective January 20, 1995; amended at 19 Ill. Reg. 2933, effective March 1, 1995; emergency amendment at 19 Ill. Reg. 3529, effective March 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 5663, effective April 1, 1995; amended at 19 Ill. Reg. 7919, effective June 5, 1995; emergency amendment at 19 Ill. Reg. 8455, effective June 9, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 9297, effective July 1, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 10252, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 13019, effective September 5, 1995; amended at 19 Ill. Reg. 14440, effective September 29, 1995; emergency amendment at 19 Ill. Reg. 14833, effective October 6, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15441, effective October 26, 1995; amended at 19 Ill. Reg. 15692, effective November 6, 1995; amended at 19 Ill. Reg. 16677, effective November 28, 1995; amended at 20 Ill. Reg. 1210, effective December 29, 1995; amended at 20 Ill. Reg. 4345, effective March 4, 1996; amended at 20 Ill. 5858, effective April 5, 1996; amended at 20 Ill. Reg. 6929, effective May 6, 1996; amended at 20 Ill. Reg. 7922, effective May 31, 1996; amended at 20 Ill. Reg. 9081, effective June 28, 1996; emergency amendment at 20 Ill. Reg. 9312, effective July 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 11332, effective August 1, 1996; amended at 20 Ill. Reg. 14845, effective October 31, 1996; emergency amendment at 21 Ill. Reg. 705, effective December 31, 1996, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 3734, effective March 5, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 4777, effective April 2, 1997; amended at 21 Ill. Reg. 6899, effective May 23, 1997; amended at 21 Ill. Reg. 9763, effective July 15, 1997; amended at 21 Ill. Reg. 11569, effective August 1, 1997; emergency amendment at 21 Ill. Reg. 13857, effective October 1, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 1416, effective December 29, 1997; amended at 22 Ill. Reg. 4412, effective February 27, 1998; amended at 22 Ill. Reg. 7024, effective April 1, 1998; amended at 22 Ill. Reg. 10606, effective June 1, 1998; emergency amendment at 22 Ill. Reg. 13117, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16302, effective August 28, 1998; amended at 22 Ill. Reg. 18979, effective September 30, 1998; amended at 22 Ill. Reg. 19898, effective October 30, 1998; emergency amendment at 22 Ill. Reg. 22108, effective December 1, 1998, for a maximum of 150 days, emergency expired April 29, 1999; amended at 23 Ill. Reg. 5796, effective April 30, 1999; amended at 23 Ill. Reg. 7122, effective June 1, 1999; emergency amendment at 23 Ill.

Reg. 8236, effective July 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 9874, effective August 3, 1999; amended at 23 Ill. Reg. 12697, effective October 1, 1999; amended at 23 Ill. Reg. 13646, effective November 1, 1999; amended at 23 Ill. Reg. 14567, effective December 1, 1999; amended at 24 Ill. Reg. 661, effective January 3, 2000; amended at 24 Ill. Reg. 10277, effective July 1, 2000; emergency amendment at 24 Ill. Reg. 10436, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 15086, effective October 1, 2000; amended at 24 Ill. Reg. 18320, effective December 1, 2000; emergency amendment at 24 Ill. Reg. 19344, effective December 15, 2000, for a maximum of 150 days; amended at 25 Ill. Reg. 3897 effective MAR 2001.

SUBPART B: MEDICAL PROVIDER PARTICIPATION

Section 140.21 Covered Medicaid Services for Qualified Medicare Beneficiaries (QMBs)

a) In order to be qualified to receive reimbursement for services provided to QMB eligible clients (see 89 Ill. Adm. Code 120.72), providers must be enrolled in the Medical Assistance ~~Medicaid~~ Program. Providers must also accept assignment of Medicare benefits for QMB recipients, when payment for services to such persons is sought from the Department.

b) For Medicaid covered services, the Department will reimburse qualified providers who render services to QMBs in accordance with Department standards for the service(s) provided. For ~~non-Medicaid-covered~~ services approved by Medicare but not covered by Medicaid, the Department will reimburse qualified providers who render services to QMBs at the full Medicare deductible and coinsurance rate.

c) Licensed and Medicare certified nursing facilities that enroll for the sole purpose of receiving payment for services to QMB only residents of the facility, then disenroll, are not subject to the provisions found in Section 140.506 governing voluntary withdrawl from the Medical Assistance Program.

(Source: Amended at 25 Ill. Reg. 3897, effective MAR 2001)

Section 140.22 Magnetic Tape Billings (Repealed)

~~a) The Illinois Department of Public Aid may accept billings on magnetic tape submitted by a participating pharmacy, subject to the conditions and restrictions set forth herein:~~

~~i) The pharmacy shall have executed a direct tape submittal agreement with the Department agreeing and certifying that:~~

~~A) The pharmacy shall maintain all hard copy records and source documents relating to the preparation and submission of all claims, whether accepted or rejected, submitted on magnetic~~

tape--by-the-pharmacy-for-not-less-than-three-(3)-years-from the-date-of-service-or-as-required-by-applicable-Federal--or State--law,--whichever--is--longer-(see-Rule-4.01l-(b)),-and shall-furnish-these-records-upon-demand-when-so-requested-by the-Department-or-its-designees-(designees-may--include--but not--be--limited--to--the-Department-of-Law-Enforcement,-the Attorney-General's-Office,-the-Office-of--Inspector--General and-the-Health-Care-Financing-Administration).--The-pharmacy shall--repay--the--Department-the-full-amount-of-any-payment made-by-the-Department-for-any-claim-submitted--on--magnetic tape--for-which-the-pharmacy-fails-to-retain-and-produce-the hard-copy-records-described-in-this-Rule.

B) If-a-Department--audit--is--initiated,--the--pharmacy--shall retain-all-original-records-described-in-paragraph-(A)-above until-the-audit-has-been-completed-and-every-audit-issue-has been--resolved,--even-if-the-retention-period-extends-beyond three-(3)-years-from-the-date--of--service--or--such--longer period-required-by-Federal-or-State-law-(see-Rule-4.01l(b)).

C) The--pharmacy-shall-be-fully-liable-for-overpayments-made-by the-Department-on-all-claims-submitted-by--the--pharmacy--on magnetic-tape.

D) The--pharmacy-shall-be-fully-responsible-for-the-preparation and-submittal-of-magnetic-tape-billings.

2) Magnetic-tape-billings-shall-be--submitted--by--the--pharmacy--in conformance-with-the-provisions-of-paragraph-(b)-hereof.

b) The--Department--will--accept--magnetic--tape--billings-only-under-the following-conditions:

1) Each-tape-submitted-to-the--Department--shall--contain--at--least 10,000-billable-line-items.

2) All--such-items-shall-be-submitted-in-batches-containing-not-more than-7,000-individual-items.

3) Each-tape-submitted-to-the-Department-shall-be-accompanied-by-the following:

A) A-summary-sheet-detailing-the-number-of-batches-on-the--tape and-the-total-amount-billed;

B) A-microfiche-copy-of-each-batch-contained-on-said-tape;-and

C) A-signed-certification-for-each-such-batch.

c) The--Illinois-Department-of-Public-Aid-may-accept-billings-on-mangetic tape-submitted-by-a-participating--pharmacy,--prepared--by--an--entity (hereinafter--referred--to--as--"the--billing-service")-other-than-the pharmacy,-subject-to-the-conditions-and-restrictions-set-forth-herein:

1) The-pharmacy-and--the--billing--service--shall--have--executed--a written--agreement--between-themselves,-approved-and-on-file-with the-Department.

2) Bills-for-services-rendered-to-Public--Aid--recipients--shall--be prepared-by-the-billing-service-solely-from-information-furnished by-the-pharmacy.

3) The--pharmacy--and--the--billing-service-each-shall-have-executed

written-agreements-with-the-Department--agreeing--and--certifying that:

A) The--pharmacy--and-the-billing-service,-each,-shall-maintain all-hard-copy-records-and-source-documents-relating--to--the preparation--and--submission-of-all-claims,-whether-accepted or-rejected,-prepared-by-the-billing-service--in--behalf--of the--pharmacy--for--not-less-than-(3)-years-from-the-date-of service-or-as-required-by-applicable-Federal-or--State--law, whichever--is-longer-(see-Rule-4.01l-(b)),-and-shall-furnish these--records--upon--demand--when--so--requested---by---the Department--or--its-designees-(designees-may-include-but-not be--limited--to--the--Department--of--law--Enforcement,--the Attorney-General's-Office,-the-Office-of--Inspector--General and-the-Health-Care-Financing-Administration);

B) The--pharmacy--and-the-billing-service,-each,-shall-maintain all--records--relating--to--the--financial--and--contractual relationship-between-the-pharmacy-and--the--billing--service for--not--less--than--three--(3)--years--from--the--date--of termination--of--such-financial-and-contractual-relationship or-as-required-by-applicable-Federal-or-State-law,-whichever is-longer,-and-shall-furnish-these-records-upon-demand--when so-requested-by-the-Department-or-its-designees.

C) If-a-Department-audit-is-initiated,-the-pharmacy-and-billing service--shall--retain--all--original--records--described-in paragraph-(B)-above-until-the-audit-is-completed--and--every audit--issue-has-been-resolved,-even-if-the-retention-period extends-beyond-three-(3)-years-from-the-date-of--service--or termination--of--financial--and--contractual-relationship-or longer-period-required-by-Federal-or-State-law.

D) The-pharmacy-and-the-billing-service-shall--be--jointly--and severally--liable-for-overpayments-made-by-the-Department-on all-claims-prepared-by-the-billing-service-in-behalf-of--the pharmacy.

E) The--billing-service-shall-prepare-and-submit-bills-pursuant to-a-limited--Power--of--Attorney--authorizing--the--billing service---to---prepare,--certify--and--submit--magnetic--tape billings-to-the-Department-for-pharmacy-services-rendered-to Public-Aid-recipients.--For-the-purpose--of--preparation--of bills--by-the-billing-service-in-behalf-of-the-pharmacy,-the billing-service-and-the-authorized-signator-thereof-shall-be designated--as--agents--of--the--pharmacy--in--the---written agreement-executed-by-the-pharmacy-and-the-billing-service.

4) None--of--the--owners-or,-if-a-corporation,-none-of-the-officers, directors--or-shareholders-of-5%-or-more-of-the-shares--of--stock of--the-billing-service-shall-have-been-barred-from-participation in-the-Medical-Assistance-Program.

5) Payments-to-the-billing-service-by--the--pharmacy--shall--not--be based--on--a--percentage--of-either-the-dollar-amount-of-bills-or

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

payments made by the Department in satisfaction thereof.

6) Magnetic tape bills prepared by the billing service in behalf of the pharmacy shall be submitted to the Department in conformance with the provisions of paragraph (B) hereof.

d) The Department has the right to withdraw the arrangement by which bills, whether prepared by the pharmacy or by the billing service in behalf of the pharmacy, are submitted on magnetic tape and to require bills to be prepared, signed and submitted by the pharmacy in hard copy form. The Department shall accept magnetic tape billings prepared, certified and submitted by the billing service in behalf of the pharmacy only so long as such agreement remains in existence and in effect.

(Source: Repealed at 25 Ill. Reg. 3897, effective May 1, 2001)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Control of Sexually Transmissible Disease Code

2) Code Citation: 77 Ill. Adm. Code 693

3)

Section Numbers:	Adopted Action:
693.20	Amendment
693.30	Amendment
693.40	Amendment
693.60	New Section
693.110	Amendment
693.140	Repeal

4) Statutory Authority: Implementing and authorized by the Illinois Sexually Transmissible Diseases Control Act [410 ILCS 325] and Sections 2 and 6 of the Department of Public Health Act [20 ILCS 2305/2 and 6].

5) Effective Date of Rulemaking: April 1, 2001

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? No

8) A statement that a copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: April 14, 2000 (24 Ill. Reg. 6343)

10) Has the Joint Committee on Administrative Rules issued a Statement of Objection to this rulemaking? No

11) Differences between proposal and final version:

In Section 693.30, clarification is provided that reporting requirements apply to ophthalmia neonatorum, as well as the other diseases reported under this Part.

In addition, various typographical, grammatical and technical changes were made in response to comments from the Joint Committee on Administrative Rules.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? All changes agreed upon by the Department and the Joint Committee have been made as indicated in the agreements issued by the Joint Committee.

13) Will this rulemaking replace emergency amendments currently in effect?

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Amendments: This rulemaking adds chancroid to the list of sexually transmissible diseases (STDs) that must be reported, pursuant to this Part, to local health authorities or to the Department within 7 days after diagnosis or treatment. Chancroid is the only STD among the Nationally Notifiable Infectious Diseases that is not currently reportable in Illinois. The Centers for Diseases Control and Prevention recommend that chancroid be reportable because the disease is endemic in some areas of the U.S., and the disease also occurs in discrete outbreaks. Chancroid is a cofactor for HIV transmission, and high rates of HIV infection among patients who have chancroid have been reported in the U.S. and control measures: testing, treatment, counseling, and partner notification. This rulemaking also changes the reporting time for all diseases reported under these rules from 5 days to 7 days after diagnosis or treatment and moves ophthalmia neonatorum (infant eye disease) from the communicable disease rules (Part 690) of this Part.

16) Information and questions regarding these adopted amendments shall be directed to:

Paul Thompson
Division of Legal Services
535 West Jefferson,
Fifth Floor,
Springfield, Illinois 62761
(217) 782-2043
(rules@idph.state.il.us)

The full text of the adopted amendments begins on the next page:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER k: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONS

PART 693
CONTROL OF SEXUALLY TRANSMISSIBLE DISEASES CODE

Section
693.10 Definitions
693.15 Incorporated Materials
693.20 Reportable STDs and Laboratory Results
693.30 Reporting
693.35 Fines and Penalties
693.40 Contact Interview and Investigation
693.45 Notification of Health Care Contacts
693.50 Physical Examination and Medical Treatment for Syphilis, Gonorrhea, Chlamydia
693.60 Isolation for Syphilis, Gonorrhea, Chlamydia, and Chancroid
693.70 Counseling and Education for AIDS and HIV
693.80 Isolation for AIDS and HIV
693.90 Quarantine
693.100 Confidentiality
693.110 Examination and Treatment of Prisoners
693.120 Certificate of Freedom from STDs
693.130 Treatment of Minors
693.140 Control Measures

AUTHORITY: Implementing and authorized by the Illinois Sexually Transmissible Disease Control Act [410 ILCS 325] and Sections 2 and 6 of the Department of Public Health Act [20 ILCS 2305/2 and 6].

SOURCE: Adopted at 12 Ill. Reg. 10097, effective May 27, 1988; amended at 15 Ill. Reg. 11686, effective August 15, 1991; emergency amendment at 15 Ill. Reg. 16462, effective October 28, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 5921, effective March 30, 1992; emergency amendment at 17 Ill. Reg. 1213, effective January 7, 1993, for a maximum of 150 days; emergency expired June 7, 1993; amended at 17 Ill. Reg. 15909, effective September 20, 1993; amended at 19 Ill. Reg. 1126, effective January 20, 1995; amended at 22 Ill. Reg. 22026, effective December 9, 1998; amended at 25 Ill. Reg. 3916, effective APR 1 2001.

Section 693.20 Reportable STDs and Laboratory Results

a) The Department has determined that the following shall be considered reportable STDs:
   1) Acquired Immunodeficiency Syndrome (AIDS), as defined by the Centers for Disease Control and Prevention of the United States Public Health Service, in 1993 Revised Classification System for

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

HIV Infection and Expanded Surveillance Case Definition for AIDS Among Adolescents and Adults, Centers for Disease Control and Prevention (CDC), Morbidity and Mortality Weekly Report (MMWR), December 18, 1992; vol. 41, no. RR-17, and in 1994 Revised Classification System for HIV Infection for Children Less Than 13 Years of Age. Morbidity and Mortality Weekly Report (MMWR), vol. 43, no. RR-12.

2) HIV Infection (see Section 693.10 for a definition).
3) Syphilis.
4) Gonorrhea.
5) Chlamydia.
6) Chancroid.
7) Opthalmia Neonatorum (Gonococcal).

b) The Department has determined that the following shall be considered reportable STD laboratory results:
1) A serologic test for antibodies to the human immunodeficiency virus (HIV), which is reactive on two or more enzyme-linked immunosorbent assay (ELISA) tests and on one confirmatory Western blot assay test or Indirect Fluorescent Antibody Test (see 77 Ill. Adm. Code 697.100(b)).
2) A serologic test for syphilis, either presumptive or confirmatory, which is weakly reactive, reactive, or positive.
3) A test for gonorrhea or chlamydia, such as the smear, culture, ~~or~~ ELISA, or molecular probe (amplified and non-amplified) test, which test is reactive or positive.
4) A CD4+ count with an absolute result of less than 200 CD4+ lymphocytes per microliter or a relative value of less than 14% of total lymphocytes, the levels specified by the Centers for Disease Control and Prevention for defining AIDS.

(Source: Amended at 25 Ill. Reg. 3916, effective [illegible])

Section 693.30 Reporting

a) Every physician licensed under the provisions of the Illinois Medical Practice Act shall report each case in which the physician has clinically diagnosed or treated a case of AIDS, HIV infection, syphilis, gonorrhea, ~~or~~ chlamydia, chancroid, or opthalmia neonatorum, or received a reportable STD laboratory result as set forth in Section 693.20(b). A hospital may, at the request of the physician of a person who has been admitted to the hospital, submit the physician's report to the appropriate health authority through the identifiers established disease-reporting mechanism. In all cases, the physician is responsible for ensuring that reporting is accomplished.
1) The STD case report shall be mailed within seven ~~five~~ days after such diagnosis or treatment. The STD laboratory report shall be mailed within seven ~~five~~ days after receipt of the laboratory

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

results.
2) If the reporting source is located in a county or city governed by a full-time Local Health Authority, the STD report shall be made to that health authority. For syphilis, gonorrhea, ~~and~~ chlamydia, chancroid, and opthalmia neonatorum patients in jurisdictions not covered by a Local Health Authority but by a Designated Agency, the STD ~~such~~ reports shall be made to that Designated Agency. In all other cases, the STD report shall be made directly to the Illinois Department of Public Health.
3) For cases of AIDS or HIV infection, the STD report shall be made on a form furnished by the Department. For each report of AIDS, a physician shall complete the "Adult AIDS Confidential Case Report", as modified by the Department (or Pediatric AIDS Confidential Case Report, as modified by the Department for children under 13 years), which are forms developed by the Centers for Disease Control and Prevention (CDC), Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia 30333, OMB No. 0920-0009. For cases of HIV infection, the STD report shall be made on a form furnished by the Department. The STD report shall state the name, address and telephone number of the physician, the date of the report, as well as the following information, as available:
A) For AIDS:
i) The individual's name, Social Security Number, address, telephone number, age, date of birth, age at diagnosis, current status (date of death), race/ethnicity, sex, country of birth, residence at diagnosis, facility where diagnosis of AIDS was established;
ii) Patient risk history;
iii) Laboratory results of HIV antibody tests, HIV detection tests, or immunologic laboratory tests;
iv) Information concerning the presence and method of diagnosis of AIDS indicator disease;
v) Each successive AIDS indicator disease (e.g., Pneumocystis carinii pneumonia, Kaposi's sarcoma or esophageal candidiasis), regardless of whether the case is known or thought to have been previously reported in another state or health jurisdiction;
vi) For reports submitted by health care facilities, the name and telephone number of the individual completing the form, if different from the physician;
vii) Information concerning treatment services and referrals and, for women, information on both the current pregnancy status and births after 1977, and for prenatal cases, information about birth history;
viii) Whether the individual has had any invasive procedures performed on him or her and, if so, the

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

types of invasive procedures and the name(s), address(es) and telephone number(s) of the health care provider(s) who performed those invasive procedures;

ix) Whether the individual is a health care provider, if so, the type of health care provider and whether the individual has performed invasive procedures; and

x) Whether post-test counseling and/or sex/needle sharing partner referral has taken place or whether assistance is needed from the Local Health Authority or the Department.

B) Prior to July 1, 1999, for HIV infection in cases not clinically diagnosed or treated as AIDS by the reporting physician:

i) The individual's city of residence, age, race/ethnicity, sex;

ii) The laboratory findings;

iii) Risk factors for HIV infection;

iv) Whether the individual is known to have previously tested positive for antibodies to HIV;

v) Reason for testing; and

vi) Whether counseling and/or sex partner referral has taken place or whether assistance is needed from the Local Health Authority or the Department.

C) On or after July 1, 1999, for HIV infection in cases not clinically diagnosed or treated as AIDS by the reporting physician:

i) A patient code number derived from demographic information and elements of the individual's name and/or other identifying information, age, date of birth, age at diagnosis, current status (date of death, race/ethnicity, sex, country of birth, residence at diagnosis, facility where diagnosis of HIV was established;

ii) Patient risk history;

iii) Laboratory results of HIV antibody tests, HIV detection tests, or immunologic laboratory tests;

iv) Information concerning the presence and method of diagnosis of AIDS indicator diseases;

v) For reports submitted by health care facilities, the name and telephone number of the individual completing the form, if different from the physician;

vi) Information concerning treatment services and referrals and, for women, information on both the current pregnancy status and births after 1977, and for perinatal cases, information about birth history;

vii) Whether the individual has had any invasive procedures performed on him or her and, if so, the types of invasive procedures and the name(s) of the health care

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

provider(s) who performed those invasive procedures;

viii) Whether the individual is a health care provider and, if so, the type of health care provider and whether the individual has performed invasive procedures; and

ix) Whether post-test counseling and/or sex/needle sharing partner referral has taken place or whether assistance is needed from the Local Health Authority or the Department.

D) All reporting sources are required to maintain a system permitting the patient code number to be linked to a specific individual for purposes of additional follow-up if necessary.

E) The Department will monitor HIV case reports to determine the effectiveness of the HIV surveillance system. Beginning on July 1, 1999, the Department will collect data to be evaluated beginning on January 1, 2001 to determine whether the following criteria are satisfied:

i) All elements of the patient identification code are complete in at least 90% of all reported cases;

ii) Patient risk information is provided in 90% of case reports and the remaining information in the case report is complete in 85% of the case reports, after epidemiologic follow-up is completed;

iii) No more than 5% of cases in the HIV databases are duplicate reports;

iv) 95% of providers will be able to link a patient code number to a case report when additional follow-up is necessary; and

v) A system to link at least 95% of the patient code numbers for reported cases of HIV infection to the subject of the case report, maintained by at least 95% of providers. For purposes of evaluation, the Department may review but may not copy records held by the reporting source. The evaluation shall not identify by name or other identifying information any provider or subject of a case report.

F) The Department shall complete its evaluation of the system no later than July 1, 2001. If, at the conclusion of the evaluation, the Department has determined that the criteria described in subsection (a)(3)(E) of this Section have not been met, all subsequently reported cases of HIV infection not clinically diagnosed or treated as AIDS by the reporting physician shall include all of the information required in subsection (a)(3)(C) of this Section, except that the report shall include the test subject's name and the patient code number specified in subsection (a)(3)(C)(i) will not be generated by the provider.

4) Syphilis, gonorrhea, and chlamydia, chancroid, and opthalmia

neonatorum cases and laboratory reports in cities having a population of 500,000 or more shall be made on a form furnished by the Local Health Authority. In all other cases, the report shall be made on a form furnished by the Department. The report shall state the name, address and telephone number of the physician, the date of the report, as well as the following information, as available:

A) The individual's name, address, telephone number, age, birthdate, race/ethnicity, sex, marital status, pregnancy status;~~,~~

B) The diagnosis, diagnostic classification, and any laboratory findings;~~,~~

C) The amount and type of treatment, including preventive treatment, that the individual is receiving, has received or will receive, and whether treatment has been completed;~~,~~ and

D) The type of treatment facility.

b) Every laboratory and blood bank, through its Director, shall report each case in which the laboratory or blood bank performed a test for an STD that concluded with a reportable laboratory result.

1) The STD laboratory report shall be mailed within seven ~~five~~ days after the reportable laboratory ~~such~~ test result.

2) If the reporting source is located in a county or city governed by a full-time Local Health Authority, the STD laboratory report shall be made to that health authority. For syphilis, gonorrhea~~,~~ ~~and~~ chlamydia, chancroid, and opthalmia neonatorum test subjects in jurisdictions not covered by a Local Health Authority but by a Designated Agency, such reports shall be made to that Designated Agency. In all other cases, the STD laboratory report shall be made directly to the Department.

3) For HIV laboratory tests, the report shall be made on a form furnished by the Department. The report shall state the name and address of the laboratory or blood bank, the date of the report, as well as the following information, as available:

A) The name, address and telephone number of the physician or other person who submitted the specimen for testing (not applicable to blood banks);~~,~~

B) The individual's patient code number as provided by the physician, age, race/ethnicity, and sex;~~,~~ and

C) The date the tests were performed, the laboratory results, and the method employed.

4) For CD4+ lymphocyte counts less than 200 CD4+ cells per microliter or less than 14 percent of total lympocytes, the report shall be made on a form furnished by the Department. The report shall state the name and address of the laboratory or blood bank, the date of the report, as well as the following information, as available:

A) The name, address and telephone number of the physician or other person who submitted the specimen for testing (not applicable to blood banks);

B) The individual's name, address, telephone number, age, race/ethnicity, sex, as provided by the physician or other person who submitted the specimen for testing by a laboratory; and

C) The date the tests were performed, the laboratory results, and the method employed.

5) Syphilis, gonorrhea~~,~~ ~~and~~ chlamydia~~,~~ chancroid and opthalmia neonatorum laboratory reports in cities having a population of 500,000 or more shall be made on a form furnished by the Local Health Authority. In all other cases, the report shall be made on a form furnished by the Department. The report shall state the name and address of the laboratory or blood bank, the date of the report, as well as the following information, as available:

A) The individual's name, address, telephone number, age, race/ethnicity, sex, marital status, or patient code number as provided by the physician or other person who submitted the specimen for testing by a laboratory;~~,~~

B) The name, address and telephone number of the physician or other person who submitted the specimen for testing (not applicable to blood banks);~~,~~ and

C) The date the test was performed, the laboratory results, and the method employed.

6) In addition to the above reporting requirements:

A) If the subject of the test is under 12 years of age, any reactive or positive test results shall be reported to the Department by telephone immediately or as soon as Department business hours permit at 888-375-9613 for HIV/AIDS test results and 217-782-2747 for all other STD test results.

B) If any culture that is positive for gonorrhea is determined to be resistant to antibiotics, the test results shall be reported by telephone immediately, or as soon as business hours permit, to the Local Health Authority, Designated Agency or the Department, as appropriate.

C) Every laboratory and blood bank shall report the total number of tests performed for STDs each week. This ~~Such~~ report shall be made to the Local Health Authority, Designated Agency or the Department, as appropriate.

c) Physicians are not required to file HIV case reports for:

1) Patients known to reside outside of Illinois; ~~or~~

2) Persons tested at IDPH designated anonymous test sites; or

3) Participants in research projects approved by an institutional review board when the research is not primarily intended to provide medical treatment to participants and is conducted under the following conditions:

A) all personal identifiers are removed from the specimen before testing;~~,~~ ~~or~~

B) the specimen cannot be linked to the individual from whom

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

the specimen was collected; or

C) positive HIV results are due to vaccine administration.

d) All persons required to report pursuant to this Part shall maintain the strict confidentiality of all information and records relating to known or suspected cases of STDs in accordance with Section 693.100 and 77 Ill. Adm. Code 697.140.

e) For each report of AIDS that it receives, pursuant to the provisions of this Section, the Local Health Authority shall forward a copy of the report to the Department's AIDS Registry System, within seven days after receiving the report (see Section 697.210 of the AIDS Confidentiality and Testing Code (77 Ill. Adm. Code 697)). The Local Health Authority shall assure the completeness of the report form. The Local Health Authority shall record the reporting source on the case report form, as available.

f) A Local Health Authority shall forward to the Department a copy of each HIV report that ~~which~~ it receives pursuant to the provisions of this Section, within seven days after receiving the ~~such~~ report.

g) A Local Health Authority or Designated Agency shall submit to the Department, on forms supplied by the Department, summary information on the reportable laboratory results for syphilis, gonorrhea, and chlamydia, chancroid, and opthalmia neonatorum that it receives pursuant to the provisions of this Section, within seven days after receiving such results.

h) A Local Health Authority or Designated Agency that receives a syphilis laboratory report with a patient code number shall contact the test subject's physician for information identifying that individual, within 24 hours after receiving the ~~such~~ report. The Department shall assume this responsibility within jurisdictions not covered by a Local Health Authority or Designated Agency.

i) A Local Health Authority that receives an HIV laboratory report from a physician, laboratory or blood bank for an individual age three through 21 shall contact the physician listed in the report to obtain the individual's name and address, in order to comply with Section 697.400 of the AIDS Confidentiality and Testing Code (77 Ill. Adm. Code 697). The Department shall assume this responsibility within jurisdictions not covered by a Local Health Authority. The physician shall provide this information to the Local Health Authority or the Department unless the test subject is not enrolled in a public or private primary or secondary school. The physician shall contact the Local Health Authority or the Department if the physician learns that the test subject has enrolled in school at any subsequent date.

(Source: Amended at 25 Ill. Reg. 8916, effective _____)

Section 693.40 Contact Interview and Investigation

a) A Local Health Authority, Designated Agency or the Department, where

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

applicable, shall initiate the contact interview and investigation process under any of the following circumstances:

1) Upon receipt of an STD, AIDS or HIV report from a physician or laboratory;

2) When the Local Health Authority, Designated Agency or the Department knows or has reason to know, based on medical or epidemiologic information, that a person within its jurisdiction may be infected with or have been exposed to an STD or HIV; or

3) For reports of health care providers with AIDS received by the Department prior to October 4, 1991, the Department shall interview and investigate these ~~such~~ cases in priority order established by the Department, and provide appropriate contact notification, in accordance with the provisions of subsections 693.40(b)(3)(B)(i) through (ix) of this Part. The Department shall interview the health care provider or the provider's estate. Coworkers, family members or others may be interviewed, if necessary, to determine the risk of transmission or to identify contacts.

b) For cases of AIDS or HIV infection, the contact interview and investigation process shall include the following:

1) Contact interview and investigation services shall be provided only by counselors who have completed a course of training that ~~which~~ included instruction in the following:

A) The etiology and transmission of HIV, including associated risk behavior and activities, and patient profiles of persons at significant risk of HIV infection;

B) The natural history and progression of HIV infection;

C) Methods for preventing transmission of HIV infection;

D) Principles and techniques of counseling, including demonstration of interviewing and counseling skills needed for epidemiologic management of HIV infected persons, and critiqued role playing, psychologic assessment and crisis intervention;

E) Principles and techniques of contact investigation and referral; and

F) Principles of communicable diseases.

2) For the interview and investigation process concerning sex and needle sharing contacts:

A) All cases of AIDS or HIV infection identified to health authorities shall be offered the assistance of health professionals in locating and referring sex and needle-sharing contacts for counseling and testing, with the consent of the infected person. All persons refusing such assistance shall be strongly encouraged to notify their previous sex and needle-sharing contacts of their possible exposure to HIV, and to refer these ~~such~~ contacts for counseling and testing.

B) Cases of AIDS or HIV infection shall be asked to identify

their sex and needle-sharing contacts for the preceding twelve month period. The counselor shall discuss the specific nature of each contact with the client to determine the likelihood of HIV transmission based on the type of sexual or needle-sharing practice involved and the counselor's knowledge of risk factors.

C) Those contacts determined to be at significant risk of infection, in the professional judgment of the counselor, based on the type of sexual or needle-sharing practice involved and the counselor's knowledge of risk factors, shall be investigated. Investigation shall be conducted on contacts for whom sufficient information to identify the person is available, such as first and last name, street address or telephone number.

D) The counselor may prioritize the order in which contacts are to be investigated. The counselor shall provide first priority to those contacts who (based on the counselor's professional judgement), except for contact notification, may not have reason to suspect they may be infected because the counselor has no information that the contacts:

i) are aware of having engaged in behavior likely to result in exposure; and/or

ii) are knowledgeable about the types of behavior carrying these ~~such~~ risks.

E) Persons choosing to self-refer their contacts shall receive intensive individualized instruction and counseling in methods to provide this notification and referral.

F) Contacts to persons with HIV infection, identified through the contact interview and investigative process, shall be counseled, confidentially and in person, regarding the possibility of infection, methods to prevent the spread of the infection, and services available from public health agencies. These ~~Such~~ persons shall also be offered testing to determine infection status.

G) If the ~~such~~ person is legally unable to agree to counseling due to age or legal incompetence, consent and participation in counseling shall be requested of the individual's parent or legal guardian. If the ~~such~~ person is legally able to agree to, but appears to be incapable of understanding and competently acting on such counseling, in the professional judgment of the counselor, participation in counseling shall be requested of a parent or other person chosen by the client.

3) For the interview and investigation process concerning health care contacts:

A) Patients

i) All cases in which the individual has had invasive procedures performed on him or her shall be provided

an explanation of the potential risks of HIV transmission to health care providers during the performance of invasive procedures, and the legal requirements for notification of the health care providers who have performed invasive procedures on that individual;

ii) The individual shall be asked to identify the specific invasive procedures that had been performed on him or her along with the name of the facility or location at which the procedure was performed, and the name, address and telephone number of the health care provider who performed the procedure; and

iii) The individual shall be offered the opportunity to self-notify those health care providers within 45 days, in accordance with the notification procedures described in Section 693.45 of this Part. If the individual declines the opportunity to self-notify his or her health care providers, or fails to do so in accordance with the requirements of this Part, the case shall be referred to the Department for notification of contacts. The Department's notification of contacts shall be conducted in a timely manner.~~;~~

B) Health Care Providers

i) All cases in which the individual is a health care provider or has worked as a health care provider shall be interviewed to determine whether the type of health care practiced by the individual involves the performance of invasive procedures, and whether the individual has or is likely to have performed invasive procedures;

ii) If the individual's type of health care practice involves the performance of invasive procedures but the individual has not or is not likely to have performed invasive procedures, he or she shall be provided with written information concerning the use of universal precautions and the recommendations of the Centers for Disease Control and Prevention concerning the prevention of HIV transmission in the health care setting. The individual shall also be advised to refrain from performing exposure-prone invasive procedures, except in accordance with the recommendations of an expert review panel that has been convened pursuant to the Centers for Disease Control and Prevention's "Recommendations for Preventing Transmission of HIV and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures" (see Section 693.15(c)(5) of this Part);

iii) If the individual has or is likely to have performed invasive procedures the Local Health Authority shall refer the case to the Department for risk assessment and follow-up;

iv) The Department shall interview the health care provider or the provider's estate to complete the investigation and assess the potential risk of HIV transmission from the provider to his or her patients, based on the provider's practice and the types and frequencies of invasive procedures performed. Others may be interviewed as necessary to complete the investigation and assess the potential risk of HIV transmission from the provider to his or her patients;

v) The Department shall provide the health care provider with an explanation of the potential risks of HIV transmission to patients during the performance of invasive procedures, and the legal requirements for notification of patients whom the Department determines may have been at risk of HIV transmission from the health care provider;

vi) If the invasive procedures performed by the health care provider were not exposure-prone invasive procedures, and no other potential risk of transmission was identified by the Department, the entity performing the investigation process shall provide the health care provider with information concerning the use of universal precautions and the recommendations of the Centers for Disease Control and Prevention concerning the prevention of HIV transmission in the health care setting. The health care provider shall also be advised to refrain from any future performance of exposure-prone invasive procedures, except in accordance with the recommendations of an expert review panel convened pursuant to the Centers for Disease Control and Prevention's "Recommendations for Preventing Transmission of HIV and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures" (see Section 693.15(c)(5) of this Part);

vii) If any of the invasive procedures performed by the health care provider were exposure-prone invasive procedures, or the Department identifies any other potential risk of transmission to patients, the Department shall advise the health care provider that these ~~such~~ patients must be notified of their potential risk of exposure to HIV. The health care provider shall be given the opportunity to submit any information and comments to the Department concerning

the ~~such~~ notification, and shall be offered the opportunity to self-notify his or her patients within 45 days, in accordance with the notification procedures described in Section 693.45 of this Part;

viii) If the health care provider declines the opportunity to self-notify his or her patients, or fails to do so in accordance with the requirements of this Part, he or she shall provide the Department with complete and immediate access to any records that identify or may lead to the identification of his or her patients and the actual health care that was rendered. The Department shall review but shall not copy or seize the provider's records. The Department shall identify and notify in a timely manner all patients who received exposure-prone invasive procedures or have otherwise been determined by the Department to have been at risk for HIV transmission; and

ix) The health care provider shall also be advised to discontinue performance of exposure-prone invasive procedures except in accordance with the recommendations of an expert review panel convened pursuant to the Centers for Disease Control and Prevention's "Recommendations for Preventing Transmission of HIV and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures" (see Section 693.15(c)(5) of this Part).

c) For cases of syphilis, gonorrhea, ~~or~~ chlamydia, chancroid, or opthalmia neonatorum, the contact interview and investigation process shall include the following:

1) Contact interview and investigation services shall be provided only by counselors who have completed a course of training which included instruction in the following:

A) The etiology and transmission of STDs;

B) The natural history and progression of STD infection;

C) High or increased risk behavior and activities, including patient profiles of persons at significant risk for acquiring STDs;

D) Methods for preventing and treating STD infection;

E) Principles and techniques of counseling, including demonstration of interviewing and counseling skills needed for epidemiologic management of STD patients, and critiqued role playing; and

F) Principles and techniques of contact investigation and referral.

2) All persons diagnosed with early syphilis or antibiotic-resistant gonorrhea or chlamydia or any person treated for gonorrhea or chlamydia at a clinic of the Local Health Department shall be interviewed by the Local Health Authority, Designated Agency or

the Department, where applicable. "Early syphilis" means primary, secondary or early latent syphilis of less than one year's duration.

3) All persons diagnosed with chlamydia and/or ~~and persons diagnosed with~~ gonorrhea in the private medical sector shall be interviewed as resources permit and within the discretion of the Local Health Authority, Designated Agency or Department, where applicable.

4) All cases interviewed shall be asked to provide the names and any available identifying information regarding their sex contacts. Persons refusing to name their sex contacts shall be strongly encouraged to self-refer such contacts for testing and treatment, if necessary.

5) Those contacts determined by the counselor to be at significant risk of infection, based on high or increased risk behavior and activities, shall be investigated.

6) Interviewing and counseling of STD cases and contacts shall be conducted in person, in a private manner, and shall be documented on epidemiologic records furnished by the Department.

7) Counselors shall follow the guidelines and standards described in Section 697.300 of the AIDS Confidentiality and Testing Code (77 Ill. Adm. Code 697).

8) All records regarding cases of STDs, contacts to cases of STDs and all information collected in investigations and interviews pursuant to this Section shall be confidential, and shall at all times be maintained in the same manner as those maintained for reported cases of STDs.

(Source: Amended at 25 Ill. Reg. 3916, effective _____)

Section 693.60 Isolation for Syphilis, Gonorrhea, Chlamydia, and Chancroid

a) When a Local Health Authority, Designated Agency or the Department, where applicable, knows or has reason to believe, because of medical or epidemiological information, that a person within its jurisdiction is a Noncompliant STD Carrier, it shall initiate and document all reasonable efforts to obtain the voluntary cooperation of such person for appropriate counseling, education and cessation of noncompliant behavior.

b) A "Noncompliant STD Carrier," for purposes of this Section, means a person who is infected with ~~presently undergoing curative medical therapy for~~ syphilis, gonorrhea, ~~or~~ chlamydia, or chancroid ~~either voluntarily or pursuant to court order,~~ is presently capable of infecting others, and is engaging in conduct or activities that ~~which~~ place others at risk of exposure to the STD ~~while treatment is being completed~~.

c) If all attempts at voluntary cooperation have failed to the extent that the noncompliant individual continues to engage in conduct or

activities which place others at risk of exposure to the STD, the Local Health Authority or Designated Agency when it determines that it has explored and exhausted all possible reasonable means to obtain compliance may request the Department to seek a court order, pursuant to Section 7(b) of the Act, for isolating such person into a restricted environment until such time as the individual is no longer clinically capable of infecting others or has demonstrated a willingness and ability as shown by reported acts and statements of intention to refrain from behavior that ~~which~~ places others at risk of exposure to the STD. The Department may also seek such a court order on its own initiative.

d) The provisions of this Section shall also apply to cases in which an isolation order is being sought concurrently with an examination or medical treatment order, when the Department can demonstrative by clear and convincing evidence that treatment must be initiated in a restricted environment because the individual cannot or will not refrain from conduct or activities which place orders at risk of exposure to the STD.

(Source: Amended at 25 Ill. Reg. 3916, effective _____)

Section 693.110 Examination and Treatment of Prisoners

a) A Local Health Authority, or the Department, where applicable, may enter any State, county or municipal detention facility located within its jurisdiction, for the purpose of interviewing , examining or treating any prisoner known or suspected of having an STD. Any such detention facility shall cooperate with the Local Health Authority, or the Department, where applicable, and provide such space as is necessary for the examinations and treatments.

b) Such examination and treatment shall be voluntary on the part of the prisoner, unless a court-issued warrant is obtained by the Department pursuant to Sections 693.50 or 693.70 of this Part. In cases of noncompliant behavior, the Department may also seek court-ordered isolation pursuant to Sections 693.60 or 693.80 of this Part.

c) The reporting requirements of Section ~~Sections~~ 693.30 of this Part shall be followed by any physician attending or examining prisoners at these ~~such~~ detention facilities, except that reporting to the Local Health Authority, or Department, where applicable, shall be made within seven ~~five~~ days after diagnosing or treating a reportable STD. The superintendent or other administrator of such detention facility shall provide the physician with all reportable information required by the report form or this Part, to insure that a complete report is filed with the appropriate health authority.

d) *Nothing in this Section shall be construed as relieving the Department of Corrections or any county or municipality of their primary responsibility for providing medical treatment for prisoners under*

their jurisdiction, including treatment for sexually transmissible diseases (Section 9 (b) of the Act~~;~~).

~~e)~~ AGENCY NOTE: The provisions of Section 693.110 (a) and (b) do not apply to any examination, testing or treatment performed pursuant to Section 5-5-3(g) or (h) of the Unified Code of Corrections [730 ILCS 5/5-5-3] ~~Section--4--of--"AN--ACT--in--relation-to-blood-and-acquired immunodeficiency--syndrome"--(Section--4--of--P.A.--85-935;--effective December-2;-1987)~~. ~~Section-4-amends~~ Section 5-5-3 of the "Unified Code of Corrections" requires ~~to-require~~ HIV testing of defendents convicted under Sections 11-14, 11-15, 11-15.1, 11-16, 11-17, 11-18, 11-18.1, 11-19, 11-19.1, 11-19.2, 12-13, 12-14, 12-14.1, 12-15 or 12-16 of the "Criminal Code of 1961", or Section 1 or 2 of the Hypodermic Syringes and Needles Act [720 ILCS 635/1 or 2] ~~"AN-ACT-to regulate-the-possession;-delivery;--sale--or--exchange--of--hypodermic syringes;-hypodermic-needles;-and-similar-instruments-(Ill.-Rev.-Stat. 1987;-ch.-38;-par.-22-50-et-seq.)~~.

(Source: Amended at 25 Ill. Reg. ~~3916~~ 3933, effective Apr 1, 1988)

Section 693.140 Control Measures

a) The STDs designated pursuant to this Part have the following incubation periods:
   1) Syphilis: 10 to 90 days, usually 21 days~~;~~
   2) Gonorrhea: Usually 2 to 15 days, sometimes 30 days longer~~;~~
   3) Chlamydia: Unknown~~;~~
   4) AIDS: Unknown -- may be several months to several years~~;~~
   5) HIV infection: Seroconversion usually occurs several weeks to six months after infection, sometimes one year or longer~~;~~
   6) Chancroid: 3 to 5 days, may be up to 14 days;
   7) Ophthalmia Neonatorum: usually 36 to 48 hours.

b) Disinfection
   1) AIDS/HIV: Concurrent disinfection is required of equipment contaminated by blood, secretions and excretions;
   2) Syphilitic infants: Cases with florid eruptions are infectious and appropriate precautions and disinfection procedures are required in accordance with CDC Guidelines for Isolation Precautions in Hospitals (See 77 Ill. Adm. Code 690.1000 (d)(1));
   3) Other STDs: Concurrent disinfection of abnormal discharges and secretions is required;
   4) "Disinfection" means the inactivation of potentially harmful microorganisms~~;~~
   5) Ophthalmia Neonatorum (Gonococcal):
      A) Isolation is required for the first 24 hours after administration of antibiotic;
      B) Concurrent disinfection is accomplished by care in disposal of conjunctival discharges and articles soiled therewith;

      C) Terminal cleaning is required.

c) Special precautions for AIDS and HIV infection ~~Infection~~
   1) Health care personnel and others who provide direct patient care providing care to persons with AIDS or HIV infection in facilities such as hospitals, nursing homes, alcoholism treatment or mental health facilities, through outpatient or home health services, shall observe those protective measures as described in the publication "Recommendations for Prevention of HIV Transmission in Health-Care Settings" (Centers for Disease Control and Prevention, MMWR 1987, vol. 36, Suppl. no. 25, pages 3S-18S) and the "Joint Advisory Notice, Department of Labor/Department of Health and Human Services, HBV/HIV" Federal Register, Vol. 52, No. 210, pp. 41818-41823, October 30, 1987.
   2) Persons with AIDS, HIV infection or increased risk of HIV infection are prohibited from donating blood, plasma, body organs, other tissues or sperm, except for the limited purposes of autologous transfusion, installation, transplantation or injection, or for medical research. Individuals with increased risk of HIV infection include:
      A) Persons who have signs and symptoms suggestive of AIDS (e.g. a combination of two or more of the following: unexpected weight loss of greater than 10% of body weight, chronic fever, chronic lymphadenopathy, night sweats or chronic diarrhea)~~;~~
      B) Persons who have had sexual contact with HIV-infected persons~~;~~
      C) Males who have had sexual contact with a male anytime since 1977~~;~~
      D) Persons who have immigrated anytime since 1977 from countries where heterosexual activity is thought to play a major role in transmission of HIV infection, such as Central Africa and Haiti as recognized by the Centers ~~Center~~ for Disease Control and Prevention~~;~~
      E) Persons who are, or have been, present or past drug users by self-injection~~;~~
      F) Hemophiliacs~~;~~ or
      G) Current or former sexual partners of any of the persons listed in this subsection (c)(2) ~~above~~.
   3) Blood and plasma collection centers, and organ, tissue and sperm banks shall advise prospective donors that persons with AIDS, HIV infection or increased risk of HIV infection shall not donate blood, plasma, body organs, other tissues or sperm, except for autologous or medical research purposes.
   4) When a patient with AIDS or HIV infection or any *infectious or communicable disease that could be transmitted through contact with the person's body or bodily fluids* dies, *the body shall be labeled "infectious hazard" or with an equivalent term to inform any funeral director, embalmer or other person having subsequent*

contact with the body, to take suitable precautions.

A) If an equivalent term is used, it shall not include the words "AIDS", "Acquired Immunodeficiency Syndrome", "ARC", "AIDS related complex, "HIV", "Human Immunodeficiency Virus," or other terms synonymous with AIDS, ARC, or HIV. *The label shall be prominently displayed on and affixed to the outer wrapper or covering of the body if the body is covered or wrapped in any manner.*

B) *When death occurs in a health care facility, the Administrator shall designate a staff member to assure responsibility for such labeling. In all other cases, the attending physician* or coroner *who certifies the death shall assume responsibility for such labeling.* (Section 7 6 of the Department of Public Health Act [20 ILCS 2305/7] ~~"AN ACT in relation to public health" (Ill. Rev. Stat. 1989, ch. 111 1/2, par. 22.05)~~)

5) Providers of health care services to the following persons are encouraged to counsel the client or patient on the risks of HIV infection and offer testing for HIV infection, or refer the client or patient to an appropriate local public agency for this purpose:

A) Persons diagnosed with an STD, or attending an STD clinic;

B) Persons being treated for, or applying for treatment of drug addiction;

C) Women attending family planning programs or contemplating pregnancy; and

D) Persons with increased risk of HIV infection (See Section 693.140(c)(2)(A) through (G) of this Part.).

6) When a child with AIDS or HIV infection attends school, the Guidelines for Management of Chronic Infectious Diseases in School Children should be observed.

d) Special control measures for ophthalmia neonatorum

1) *It shall be the duty of any physician, midwife or nurse who attends or assists at the birth of a child, to instill or have instilled in each eye of the new born baby, as soon as possible and not later than one hour after birth, a one percent (1%) solution of silver nitrate or some other equally effective prophylactic for the prevention of ophthalmia neonatorum approved by the State Department of Public Health.* (Section 3 of the Infant Eye Disease Act [410 ILCS 215/3])

2) The Department approves 1% silver nitrate solution or ophthalmic ointment or drops containing tetracycline or erythromycin as a prophylactic for opthalmia neonatorum.

3) It is the duty of all hospitals and places of childbirth to maintain records of cases of ophthalmia neonatorum pursuant to 77 Ill. Adm. Code 250.1830(i)(4)(B).

4) If gonorrhea is suspected, antepartum treatment of the mother is recommended.

5) The local health authority shall investigate the source of infection pursuant to Section 693.40(a) of this Part.

(Source: Amended at 25 Ill. Reg. 3916, effective APR 7 2001.)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Control of Communicable Diseases Code

2) Code Citation: 77 Ill. Adm. Code 690

3)

Section Numbers:	Adopted Action:
690.100	Amendment
690.110	Amendment
690.200	Amendment
690.295	New Section
690.300	Amendment
690.310	Repealed
690.320	Amendment
690.325	Amendment
690.327	New Section
690.330	Amendment
690.335	New Section
690.350	Amendment
690.360	Amendment
690.365	Amendment
690.368	New Section
690.370	Amendment
690.380	Amendment
690.385	New Section
690.386	New Section
690.390	Amendment
690.400	Amendment
690.410	Amendment
690.420	Amendment
690.441	New Section
690.442	New Section
690.444	New Section
690.450	Amendment
690.451	New Section
690.452	New Section
690.453	New Section
690.460	Amendment
690.470	Repealed
690.475	Amendment
690.480	Amendment
690.490	Amendment
690.495	Amendment
690.505	Amendment
690.510	Amendment
690.520	Amendment
690.530	Amendment
690.550	Amendment
690.555	New Section
690.560	Repealed

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

690.570	Amendment
690.580	Amendment
690.590	Amendment
690.595	New Section
690.600	Amendment
690.601	New Section
690.610	Amendment
690.620	Amendment
690.630	Amendment
690.640	Amendment
690.650	Amendment
690.660	Amendment
690.661	New Section
690.670	Amendment
690.675	New Section
690.678	New Section
690.690	Amendment
690.695	Amendment
690.700	Repealed
690.710	Amendment
690.725	Amendment
690.730	Amendment
690.740	Amendment
690.750	Amendment
690.752	New Section
690.800	New Section
690.900	Amendment
690.1000	Amendment
690.1010	Amendment

4) Statutory Authority: Implementing the Infant Eye Disease Act [410 ILCS 215] and the Communicable Disease Report Act [745 ILCS 45], and implementing and authorized by the Department of Public Health Act [20 ILCS 2305].

5) Effective Date of Rulemaking: April 1, 2001

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? Yes

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: April 14, 2000 (24 Ill. Reg. 6246)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

10) Has JCAR issued a Statement of Objection to these amendments? No

11) Differences between proposal and final version: In Sections 690.320, 690.327, 690.570, 690.595, 690.650, 690.725, and 690.800, having a 3-hour reporting time frame for reporting, the following clarifying language is added: "upon initial clinical suspicion of the disease."

In Sections 690.441, 690.480, 690.520, 690.550, 690.570, equivalent isolation procedures are allowed.

In Section 690.100, the time frame in which reporting is required as soon as possible during normal business hours, but within 24 hours is clarified to mean within 8 regularly scheduled business hours after identifying the case.

In Section 690.555(c)(2), text has been revised to include, "Healthcare workers should be given chemoprophylaxis only if they have prolonged direct contact with oral secretions.

In Section 690.660(b)(5), clarification is provided that, if within 2 weeks after diagnosis, additional cases of Staphylococcus Aureus infection in infants under 28 days of age within a health care facility are identified, nursery personnel who cared for affected infants should be screened and treated if positive.

Section 690.678 is revised to specify that for Streptococcus Pneumoniae, invasive disease, on invasive cases (patients in which the organism was isolated from a normally sterile site) should be reported.

In addition, various typographical, grammatical and technical changes were made in response to comments from the Joint Committee on Administrative Rules.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? All changes agreed upon by the Department and the Joint Committee been made as indicated in the agreements issued by the Joint Committee

13) Will this rulemaking replace an emergency rulemaking currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Rulemaking: This rulemaking revises certain time frames during which health care providers must report suspected or diagnosed cases of communicable diseases to local health authorities, who then report to the Department. The amendments result in three time frames for reporting: immediately (within 3 hours), within 24 hours, and within

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

7 days after a case is suspected or diagnosed.

Disease that must be reported immediately (within 3 hours) include anthrax, plague, smallpox, tularemia, foodborne botulism, Q-fever, and any suspected bioterrorist threat or event. Immediate reporting is necessary because these diseases have the potential to be used as bioterrorism agents. Diseases that have been changed from 7 day to 24 hour reporting include Enteric *E. coli*, hepatitis A, Streptococcal infections, Group A: invasive and sequelae Group A (rheumatic fever and acute glomerulonephritis). This revised reporting time frame will allow for quicker identification of *E. coli* outbreaks, quicker identification of contacts to hepatitis A cases for the provision of prophylaxis and earlier investigation of cases of streptococcal infections. The 7-day time frame is intended to provide consistency for reporting entities and will replace 5 and 7 day reporting requirements.

There are 20 additions to the reportable disease list. For most of these additions, the number of cases expected in the state would be very few. These disease additions are emerging infectious diseases, agents that have the potential to either be used as bioterrorism agents, cause outbreaks, indicate areas of the state where vector-borne pathogens may occur, highlight antibiotic resistance problems or signal that prophylaxis of contacts may be required. Some of these diseases, such as hepatitis, meningitis, and *E. coli* are currently reportable and are being revised into more specific categories for reporting. Disease that will be newly reported with this rulemaking include campylobacteriosis, cyclosporiasis, ehrlichiosis, human granulocytic, human monocytic haemophilus influenzae, hemolytic uremic syndrome, hantavirus pulmonary syndrome, Q-fever, and yersiniosis. In addition, certain reportable diseases are being eliminated from the reporting requirements or are being categorized differently for reporting purposes. For instance, intestinal worms are being deleted because no public health action is taken when intestinal worms are reported.

16) Information and questions regarding these adopted amendments shall be directed to:

Paul Thompson
Division of Legal Services
535 West Jefferson, Fifth Floor
Springfield, Illinois 62761
(217)782-2043
(rules@idph.state.il.us)

The full text of the adopted amendments begins on the next page:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER k: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONS

PART 690
CONTROL OF COMMUNICABLE DISEASES CODE

SUBPART A: REPORTABLE DISEASES AND CONDITIONS

Section
690.100 Diseases and Conditions
690.110 Diseases Repealed From This Part

SUBPART B: REPORTING

Section
690.200 Reporting

SUBPART C: DETAILED PROCEDURES FOR THE CONTROL OF COMMUNICABLE DISEASES

Section
690.290 Acquired Immunodeficiency Syndrome (AIDS) (Repealed)
690.295 Any Unusual Case or Cluster of Cases That May Indicate a Public Health Hazard (Reportable by telephone as soon as possible, within 24 hours)
690.300 Amebiasis (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)
690.310 Animal Bites (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)
690.320 Anthrax (Reportable by telephone immediately ~~as soon as possible~~, within 3 ~~24~~ hours upon initial clinical suspicion of the disease)
690.325 Blastomycosis (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)
690.327 Botulism, Foodborne, Infant, Wound, Other (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease for foodborne or within 24 hours for other types)
690.330 Brucellosis (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)
690.335 Campylobacteriosis (Reportable by mail, telephone, facsimile or electronically, within 7 days)
690.340 Chancroid (Repealed)
690.350 Chickenpox (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)
690.360 Cholera (Reportable by telephone as soon as possible, within 24 hours)
690.365 Cryptosporidiosis (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

690.368 Cyclosporiasis (Reportable by mail, telephone, facsimile or electronically, within 7 days)
690.370 Diarrhea of the Newborn (Reportable by telephone as soon as possible, within 24 hours)
690.380 Diphtheria (Reportable by telephone as soon as possible, within 24 hours)
690.385 Ehrlichiosis, Human Granulocytic (Reportable by mail, telephone, facsimile or electronically, within 7 days)
690.386 Ehrlichiosis, Human Monocytic (Reportable by mail, telephone, facsimile or electronically, within 7 days)
690.390 Encephalitis (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)
690.400 Enteric Escherichia coli Infections (E. coli: ~~Due to Serotype~~ 0157:H7 and Other Enterohemorrhagic E. coli, Enterotoxigenic E. coli, and Enteropathogenic E. coli) ~~, Including Complications Such As Hemolytic Uremic Syndrome~~ (Reportable by ~~mail or~~ telephone as soon as possible, within 24 hours ~~7 days~~)
690.410 Foodborne or Waterborne Illness (Reportable by telephone as soon as possible, within 24 hours)
690.420 Giardiasis (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)
690.430 Gonorrhea (Repealed)
690.440 Granuloma Inguinale (Repealed)
690.441 Haemophilus Influenzae, Meningitis and Other Invasive Disease (Reportable by telephone, within 24 hours)
690.442 Hantavirus Pulmonary Syndrome (Reportable by mail, telephone, facsimile or electronically, within 7 days)
690.444 Hemolytic Uremic Syndrome, Post-diarrheal (Reportable by telephone, within 24 hours)
690.450 ~~Hepatitis, Viral (Hepatitis A, Hepatitis B (cases and carriers), non-A/non-B hepatitis, Hepatitis Unspecified~~ (Reportable by ~~mail or~~ telephone as soon as possible, within 24 hours ~~7 days~~)
690.451 Hepatitis B (Reportable by mail, telephone, facsimile or electronically, within 7 days)
690.452 Hepatitis C Infection (Reportable by mail, telephone, facsimile or electronically, within 7 days)
690.453 Hepatitis, Viral, Other (Reportable by mail, telephone, facsimile or electronically, within 7 days)
690.460 Histoplasmosis (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)
690.470 Intestinal Worms (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)
690.475 Legionnaires' Disease (Legionellosis) (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)
690.480 Leprosy (Hansen's Disease) (infectious and non-infectious cases are reportable) (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

690.490 Leptospirosis (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

690.495 Listeriosis (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

690.500 Lymphogranuloma Venereum (Lymphogranuloma Inguinale Lymphopathia ~~Lymphothia~~ Venereum) (Repealed)

690.505 Lyme Disease (Reportable by mail, telephone, facsimile or electronically ~~mail or telephone~~ as soon as possible, within 7 days)

690.510 Malaria (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

690.520 Measles (Reportable by telephone as soon as possible, within 24 hours)

690.530 Meningitis, Aseptic (Including Arboviral Infections) ~~and Other Invasive Disease Due to Neisseria meningitidis or Haemophilus influenzae~~ (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days ~~24 hours~~); ~~Meningitis Due to Other Bacteria, Fungi and Protozoa; and Aseptic Meningitis (Reportable by mail or telephone as soon as possible, within 7 days)~~

690.540 Meningococcemia (Reportable by telephone as soon as possible) (Repealed)

690.550 Mumps (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.555 Neisseria Meningitidis, Meningitis and Invasive Disease (Reportable by telephone as soon as possible, within 24 hours)

690.560 Ophthalmia Neonatorum (Gonococcal) (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)

690.570 Plague (Reportable by telephone immediately ~~as soon as possible~~, within 3 ~~24~~ hours upon initial clinical suspicion of the disease)

690.580 Poliomyelitis (Reportable by telephone as soon as possible, within 24 hours)

690.590 Psittacosis (Ornithosis) (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

690.595 Q-fever (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)

690.600 Rabies, Human (Reportable by telephone as soon as possible, within 24 hours)

690.601 Rabies, Potential Human Exposure (Reportable by telephone, within 24 hours)

690.610 Rocky Mountain Spotted Fever (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

690.620 Rubella (German Measles) (Including Congenital Rubella Syndrome) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.630 Salmonellosis (Other than Typhoid Fever) (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

690.640 Shigellosis (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

690.650 Smallpox (Reportable by telephone immediately ~~as soon as possible~~, within 3 ~~24~~ hours upon initial clinical suspicion of the disease)

690.660 Staphylococcus Aureus ~~Staphylococcal~~ Infections Occurring In Infants Under 28 Days of Age Within a Health Care Institution or With Onset After Discharge (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

690.661 Staphylococcus Aureus Infections with Intermediate or High Level Resistance to Vancomycin (Reportable by telephone, within 24 hours)

690.670 Streptococcal Infections, ~~due to~~ Group A ~~streptococci~~, Invasive Disease (Including Toxic Shock Syndrome) and Sequelae to Group A Streptococcal Infections ~~Pharyngitis~~, (rheumatic fever, acute glomerulonephritis and, scarlet fever ~~and invasive disease~~)(Reportable by ~~mail or~~ telephone ~~as soon as possible~~, within 24 hours ~~7 days~~)

690.675 Streptococcal Infections, Group B, Invasive Disease, of the Newborn (birth to 3 months) (Reportable by mail, telephone, facsimile or electronically, within 7 days)

690.678 Streptococcus Pneumoniae, Invasive Disease (Including Antibiotic Susceptibility Test Results) (Reportable by mail, telephone, facsimile or electronically, within 7 days)

690.680 Syphilis (Repealed)

690.690 Tetanus (Reportable by mail, telephone, facsimile or electronically, within 7 days)

690.695 Staphylococcus Aureus Infection, Toxic Shock Syndrome (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

690.700 Trachoma (Repealed)

690.710 Trichinosis (Trichinellosis) (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

690.720 Tuberculosis (Repealed)

690.725 Tularemia (Reportable by ~~mail or~~ telephone immediately ~~as soon as possible~~, within 3 hours upon initial clinical suspicion of the disease ~~7 days~~)

690.730 Typhoid Fever (Reportable by telephone as soon as possible, within 24 hours)

690.740 Typhus (Reportable by telephone as soon as possible, within 24 hours)

690.750 Pertussis (Whooping Cough) ~~(Pertussis)~~ (Reportable by telephone as soon as possible, within 24 hours)

690.752 Yersiniosis (Reportable by mail, telephone, facsimile or electronically, within 7 days)

690.800 Any Suspected Bioterrorist Threat or Event (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)

SUBPART D: DEFINITIONS

Section

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

690.900 Definition of Terms

SUBPART E: GENERAL PROCEDURES

Section
690.1000 General Procedures for the Control of Communicable Diseases
690.1010 Incorporated Materials

SUBPART F: SEXUALLY TRANSMITTED DISEASES (Repealed)

Section
690.1100 The Control of Sexually Transmitted Diseases (Repealed)

SUBPART G: PROCEDURES FOR WHEN DEATH OCCURS FROM COMMUNICABLE DISEASES

Section
690.1200 Death of a Person Who Had a Known or Suspected Communicable Disease
690.1210 Funerals (Repealed)

EXHIBIT A Typhoid Fever Agreement (Repealed)

AUTHORITY: Implementing the Infant Eye Disease Act [410 ILCS 215] and the Communicable Disease Report Act [745 ILCS 45], and implementing and authorized by the Department of Public Health Act [20 ILCS 2305].

SOURCE: Amended July 1, 1977; emergency amendment at 3 Ill. Reg. 14, p. 7, effective March 21, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 52, p. 131, effective December 7, 1979; emergency amendment at 4 Ill. Reg. 21, p. 97, effective May 14, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 38, p. 183, effective September 9, 1980; amended at 7 Ill. Reg. 16183, effective November 23, 1983; codified at 8 Ill. Reg. 14273; amended at 8 Ill. Reg. 24135, effective November 29, 1984; emergency amendment at 9 Ill. Reg. 6331, effective April 18, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9124, effective June 3, 1985; amended at 9 Ill. Reg. 11643, effective July 19, 1985; amended at 10 Ill. Reg. 10730, effective June 3, 1986; amended at 11 Ill. Reg. 7677, effective July 1, 1987; amended at 12 Ill. Reg. 10045, effective May 27, 1988; amended at 15 Ill. Reg. 11679, effective August 15, 1991; amended at 18 Ill. Reg. 10158, effective July 15, 1994; amended at 23 Ill. Reg. 10849, effective August 20, 1999; amended at 25 Ill. Reg. 3937, effective APR 7 2001.

SUBPART A: REPORTABLE DISEASES AND CONDITIONS

Section 690.100 Diseases and Conditions

The following are declared to be contagious, infectious, communicable and dangerous to the public health and each suspected or diagnosed case shall be

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

reported to the local health authority who ~~which~~ shall subsequently report each case to the Illinois Department of Public Health. This listing includes those diseases and conditions reportable because of classification as communicable or sexually transmitted. Communicable diseases and conditions are reportable under this Part (77 Ill. Adm. Code 690) and sexually transmissible diseases and conditions are reportable under the "Control of Sexually Transmissible Diseases Code" (77 Ill. Adm. Code 693). (See Subpart B, Section 690.200.)

a) Class I(a)
The following diseases shall be reported immediately (within 3 hours) upon initial clinical suspicion of the disease to the local health authorities, who shall then report to the Department immediately (within 3 hours). This interval applies to primary reporters identified in Section 690.200(a)(1) who are required to report to local health authorities and to local health authorities who are required to report to the Department. The Section number associated with each of the listed diseases indicates the Part under which the diseases are reportable.

1) Anthrax	690.320
2) Botulism, foodborne	690.327
3) Plague	690.570
4) Q-fever	690.595
5) Smallpox	690.650
6) Tularemia	690.725
7) Any suspected bioterrorist threat or event	690.800

b)~~a)~~ Class I(b)
The following diseases shall be reported as soon as possible during normal business hours, but within 24 hours (i.e., within 8 regularly scheduled business hours after identifying the case), to the local health authorities, who ~~which~~ shall then report to the Department as soon as possible, but within 24 hours. ~~The Section number associated with each of the listed diseases indicates the Part under which the diseases are reportable.~~ This interval applies to primary reporters identified in Section 690.200(a)(1) who are required to report to local health authorities and to local health authorities who are required to report to the Department. The Section number associated with each of the listed diseases indicates the Part under which the diseases are reportable.

	Section
~~1) Anthrax~~	~~690.320~~
1) Any unusual case or cluster of cases that may indicate a public health hazard	690.295
2) Botulism, infant, wound, and other	690.327
~~3)~~2) Cholera	690.360
~~4)~~3) Diarrhea of the newborn	690.370
~~5)~~4) Diphtheria	690.380

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

6) Enteric Escherichia coli infections (E. coli: 0157:H7 and other enterohemorrhagic E. coli, enterotoxigenic E. coli, enteropathogenic E. coli)	690.400
7)~~5~~ Foodborne or waterborne illness	690.410
8) Haemophilus influenzae, meningitis and other invasive disease	690.441
9) Hemolytic uremic syndrome, post-diarrheal	690.444
10) Hepatitis A	690.450
11)~~6~~ Measles	690.520
~~7) Meningitis and other invasive disease due to Neisseria meningitidis or Haemophilus influenzae~~	~~690.530(a)~~
12) Neisseria meningitidis, meningitis and invasive disease	690.555
~~8) Plague~~	~~690.570~~
13) Pertussis (whooping cough)	690.750
14)~~9~~ Poliomyelitis	690.580
15)~~10~~ Rabies, human	690.600
~~11) Smallpox~~	~~690.650~~
16) Rabies, potential human exposure	690.601
17) Rubella (German Measles) (including Congenital Rubella Syndrome)	690.620
18) Staphylococcus aureus infections with intermediate or high level resistance to vancomycin *	690.661
19) Streptococcal infections, Group A, invasive (including toxic shock syndrome) and sequelae to Group A streptococcal infections (rheumatic fever, acute glomerulonephritis and scarlet fever)	690.670
20)~~12~~ Typhoid fever*	690.730
21)~~13~~ Typhus	690.740
~~14) Whooping cough (pertussis)~~	~~690.750~~

c~~b~~) Class II

The following diseases shall be reported as soon as possible during normal business hours, but within 7 days, to the local health authority which shall then report to the Department within 7 days. The Section number associated with each of the listed diseases indicates the Part under which the diseases are reportable.

	Section
1) Acquired immunodeficiency syndrome (AIDS)	~~77 Ill. Adm. Code~~ 693.20
2) Amebiasis*	690.300
~~3) Animal bites~~	~~690.310~~
3)~~4~~ Blastomycosis	690.325
4)~~5~~ Brucellosis	690.330
5) Campylobacteriosis*	690.335

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

6) Chanchroid	693.20
~~6) Chlamydia~~	~~77 Ill. Adm. Code 693.20~~
7) Chickenpox	690.350
8) Chlamydia	693.20
9)~~8~~ Cryptosporidiosis	690.365
10) Cyclosporiasis	690.368
11) Ehrlichiosis, human granulocytic	690.385
12) Ehrlichiosis, human monocytic	690.386
13)~~9~~ Encephalitis	690.390
~~10) Escherichia coli infections due to serotype 0157:H7*~~	~~690.400~~
14)~~11~~ Giardiasis*	690.420
15)~~12~~ Gonorrhea	~~77 Ill. Adm. Code~~ 693.20
16) Hantavirus pulmonary syndrome	690.442
~~13) HIV infection~~	~~77 Ill. Adm. Code 693.20~~
~~14) Hepatitis, type A viral~~	~~690.450(a)~~
17)~~15~~ Hepatitis B* ~~Hepatitis, type B viral (cases and carriers)~~*	690.451~~690.450(b)~~
18)~~16~~ Hepatitis C* ~~Hepatitis, delta~~	690.452~~690.450(c)~~
19)~~17~~ Hepatitis, viral, other* ~~unspecified~~	690.453~~690.450(c)~~
~~18) Hepatitis, non-A/non-B~~	~~690.450(d)~~
20)~~19~~ Histoplasmosis	690.460
~~20) Intestinal worms~~	~~690.470~~
~~A) Tapeworms~~	~~690.470(a)~~
~~B) Ascariasis~~	~~690.470(b)~~
21) Human immunodeficiency virus (HIV) infection	693.20
22)~~21~~ Legionnaires' disease (legionellosis)	690.475
23)~~22~~ Leprosy	690.480
24)~~23~~ Leptospirosis	690.490
25~~24~~ Listeriosis	690.495
26)~~25~~ Lyme disease	690.505
27)~~26~~ Malaria*	690.510
~~27) Meningitis (due to bacteria, fungi or protozoa other than those listed in Class I) and aseptic meningitis~~	~~690.530(b) & (c)~~
28) Meningitis, aseptic (including arboviral infections)	690.530
29)~~28~~ Mumps	690.550
~~29) Ophthalmia neonatorum (gonococcal)~~	~~690.560~~
30) Ophthalmia neonatorum (gonococcal)	693.20
31)~~30~~ Psittacosis*	690.590
32)~~31~~ Rocky Mountain spotted fever	690.610
33)~~32~~ Rubella, including congenital rubella syndrome	690.620
34)~~33~~ Salmonellosis* (other than typhoid fever)	690.630
35)~~34~~ Shigellosis*	690.640
36) Staphylococcus aureus infection, toxic shock syndrome	690.695
37)~~35~~ Staphylococcus aureus ~~Staphylococcal~~ infections occurring in infants under 28 days of age	

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

	(within a health care institution or with onset after discharge)	690.660
36~~)~~	~~Streptococcal infections (due to group A streptococci), including pharyngitis, rheumatic fever, acute glomerulonephritis, scarlet fever, and invasive disease*~~	~~690.670~~
38)	Streptococcal infections, group B, invasive disease, of the newborn	690.675
39)	Streptococcus pneumoniae, invasive disease * (including antibiotic susceptability test results)	690.678
40)~~37)~~	Syphilis	693.20
41)~~38)~~	Tetanus	690.690
~~39)~~	~~Toxic shock syndrome~~	~~690.695~~
~~40)~~	~~Trachoma~~	~~690.700~~
42)~~41)~~	Trichinosis	690.710
~~42)~~	~~Tuberculosis~~	~~77 Ill. Adm. Code 696.170~~
~~43)~~	~~Tularemia~~	~~690.725~~
43)	Yersiniosis	690.752

*Cases and carriers (when carriers are required to be reported) of these diseases should be confirmed by appropriate laboratory tests before reporting.

~~c) The occurrence of any increase in incidence of disease of unknown or unusual etiology should be reported, with major signs and symptoms listed.~~

d) When an epidemic of a disease dangerous to the public health occurs, and present rules are not adequate for its control or prevention, more stringent requirements shall be issued by this Department.

(Source: Amended at 25 Ill. Reg. 3937, effective APR 2001)

Section 690.110 Diseases Repealed From This Part

The following diseases have been repealed from this Part ~~set of regulations~~. As indicated below, some of these diseases are no longer reportable, while some are reported to the Department under other rules. Rules ~~Regulations~~ governing reporting and control of those ~~theses~~ diseases that are reportable under other rules of the Department are cited below.

a)	Acquired immunodeficiency syndrome (AIDS)	693.20
b)	AIDS related complex	Not Reportable
c)	Animal bites	Not Reportable
d)~~c)~~	Chancroid	693.20 ~~Not Reportable~~
e)~~d)~~	Gonorrhea	693.20
f)~~e)~~	Granuloma inguinale	Not Reportable
g)	Intestinal worms	Not Reportable

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

h)~~f)~~	Lymphogranuloma venereum	Not Reportable
i)	Ophthalmia neonatorum	693.20
j)~~h)~~	Syphilis	693.20
k)	Trachoma	Not Reportable
l)	Tuberculosis	696.170

(Source: Amended at 25 Ill. Reg. 3937, effective APR 2001)

SUBPART B: REPORTING

Section 690.200 Reporting

a) Reporting Entities and Manner of Reporting.

1) It shall be the duty of each of the following persons or any other person having knowledge of a known or suspected case or carrier of communicable disease or communicable disease death, to report within the time frames set forth in Section 690.100 of this Part (except for sexually transmissible diseases that ~~which~~ are reportable under the "Control of Sexually Transmissible Diseases Code" (77 Ill. Adm. Code 693) and tuberculosis, which is reportable under the Control of Tuberculosis Code (77 Ill. Adm. Code 696)) the ~~such~~ case, suspected case, carrier or death:

A) Physicians,
B) Nurses,
C) Nurse aides,
D) Dentists,
E) Health care practitioners,
F) Laboratory personnel,
G) School personnel,
H) Long-term care personnel, ~~Parent,~~
~~I) Householder,~~
I)~~J)~~ Day care personnel.

2) Laboratories are required to report certain positive test results as specified in Subpart C of this Part.

3) The ~~Such~~ reports shall be submitted by mail, telephone, facsimile or electronically ~~telephone or in writing~~ (see Section 690.100) to the local health authority (see definition of, Section 690.900) in whose jurisdiction the reporter is located. Local health authorities receiving the ~~such~~ reports shall notify the local health authority where the patient resides within 3 hours following notification for Class I(a) diseases, within 24 hours (during normal business hours) following notification for Class I(b) diseases and within 7 days following notification for Class II diseases. When a case of infectious disease is reported from one local health authority's jurisdiction but resides in another's jurisdiction, a case transfer form supplied by the Department should be completed. The reporter shall cooperate

in any case investigation conducted by health officials. If a known or suspected case or carrier of a reportable communicable disease is hospitalized or examined in a hospital or long-term care facility, it shall be the duty of the administrator of the health care facility to ensure the case is promptly reported to the local health authority within the time frame specified in Section 690.100 for that disease.

b) Upon receipt of this ~~such~~ report, the local health authority shall forward a written copy to the ~~Illinois~~ Department ~~of Public Health~~ according to time frames specified in Section 690.100.

c) The report to the ~~Illinois~~ Department ~~of Public Health~~ shall provide the following information: name, age, sex, race, ethnicity, address of the case, and name of the attending physician (except for chickenpox). When requested, on forms provided by the Department, clinical and laboratory findings in support of the diagnosis and epidemiological facts relevant to the source and possible hazard of transmission of the infection shall also be reported. In some instances where no specific report form is available, a narrative report detailing diagnostic and epidemiologic information will be required.

d) Confidentiality.

1) It is the policy of the ~~Illinois~~ Department ~~of Public Health~~ to maintain the confidentiality of information that would identify individual patients.

2) *Whenever any statute of this State or any ordinance or resolution of a municipal corporation or political subdivision enacted pursuant to statute or any rule of an administrative agency adopted pursuant to statute requires medical practitioners or other persons to report cases of communicable diseases, including ~~including venereal diseases,~~ sexually transmitted diseases to any governmental agency or officer, such reports shall be confidential, and any medical practitioner or other persons making such report in good faith shall be immune from suit for slander or libel based upon any statements contained in such report. The identity of any individual contained ~~contained~~ in a report of communicable disease, sexually transmitted disease ~~venereal disease~~ or foodborne ~~food-borne~~ illness or an investigation conducted pursuant to a report of a communicable disease, sexually transmitted disease ~~venereal disease~~ or foodborne ~~food-borne~~ illness shall be confidential and such identity shall not be disclosed publicly in any action of any kind in any court or before any tribunal, board or agency.* (Communicable Disease Report Act, ~~Ill. Rev. Stat. 1991, ch. 126, par. 20~~) [745 ILCS 45])

e) Section 8-2101 of the Code of Civil Procedure explains the confidential character of reports obtained for research projects ~~(Ill. Rev. Stat. 1991, ch. 110, par. 8-2101)~~ [735 ILCS 5]. The ~~Illinois~~ Department ~~of Public Health~~, and other agencies specified in this

Section, may collect certain information and require reporting of certain diseases and conditions for research projects. The law provides for confidentiality of these ~~such~~ reports, prohibits disclosure of all data so obtained except that necessary for the purpose of the specific study, and provides that such data shall not be admissible as evidence, and that the furnishing of such information in the course of a research project shall not subject any informant to any action for damages.

f) When the Director determines that morbidity and mortality from a certain disease warrants study, the Director he may declare the ~~such~~ disease to be the subject of an emergency medical investigation ~~a medical research project~~ and require hospitals, physicians, etc., to submit ~~such~~ information, data and reports as are necessary for the purpose of the specific study. Because any unusual case or cluster of cases is reportable, the ~~Such~~ data so obtained shall be held confidential in accordance with the Communicable Disease Report Act [745 ILCS 45] ~~Section 8-2101 of the Code of Civil Procedure.~~

(Source: Amended at 25 Ill. Reg. 3937, effective MAR 1 2001)

SUBPART C: DETAILED PROCEDURES FOR THE CONTROL OF COMMUNICABLE DISEASES

Section 690.295 Any Unusual Case or Cluster of Cases That May Indicate a Public Health Hazard (Reportable by telephone as soon as possible, within 24 hours)

a) A health care provider who identifies a single case of a suspected, rare infectious disease or a cluster of cases of unknown etiology, but which case or cluster of cases appears to be infectious in nature (other than colds, influenza or other common diseases) should report the case or cluster of cases to the local health authority.

b) The local health authority should investigate these reports by:

1) obtaining relevant medical information, including date of onset, signs and symptoms and laboratory test results obtained; and

2) determining whether there is a common activity or exposure that might have led to the presumed infection.

(Source: Added at 25 Ill. Reg. 3937, effective MAR 1 2001)

Section 690.300 Amebiasis (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period - Variable, from a few days to several months or years; commonly 2 to 4 weeks.

b) Control of Case and Carrier.

1) Isolation is required for patients while they are in health care

facilities. (See enteric precautions or disease-specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(16).)

2) Cases or carriers who are food handlers or in sensitive occupations may ~~shall not~~ return to their usual occupations after ~~until three consecutive stool specimens, taken not less than 24 hours apart, are negative for trophozoites and cysts of Entamoeba histolytica. If antimicrobial treatment was given, specimens must be collected at least 24 hours after~~ treatment has been completed ~~was discontinued~~.

3) Concurrent disinfection of feces and articles contaminated with feces is required; disposal of excreta by sanitary sewer is appropriate; hand washing is required after use of the toilet ~~defecation~~. (See Section 690.1000(e)(1).)

4) Instruction of convalescent and chronic carriers in personal hygiene, particularly as to sanitary disposal of fecal waste and hand washing after use of toilet.

c) Control of Contacts. Household members and other suspected contacts should be tested for amebiasis. Household contacts who are employed as food handlers or in sensitive occupations and who test ~~shall be tested for cysts and trophozoites of Entamoeba histolytica. If~~ positive, ~~their occupations~~ shall be restricted according to subsection (b)(2) of this Section.

d) Sale of Food, Milk, etc. (see See Section 690.1000(f)).

e) General Measures.

1) Sanitary disposal of human feces.

2) Safeguarding of water supplies.

A) Protect potable water supplies against fecal contamination.

B) Boil drinking water where necessary.

C) Chlorination is inadequate for destruction of cysts.

D) Filtration by a municipal system or by some selected portable units is the only effective treatment other than boiling.

3) Supervision of the general cleanliness and the personal health and sanitary practices of persons preparing and serving food in public eating places, especially moist foods eaten raw.

4) Education in personal cleanliness, particularly washing hands with soap and water after use of the toilet ~~evacuation of the bowels~~. Supervision of persons incompetent in personal hygiene.

5) Avoidance of cross connections between public and private auxiliary water supplies and of back-flow connections in plumbing systems.

6) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in day care centers and schools.

f) Laboratory Reporting. ~~6~~ Laboratories are required to report to the local health authority all patients from whom Entamoeba histolytica ~~*Entamoeba histolytica*~~ trophozoites or cysts have been identified or

patients from whom antigen detection is positive.

g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. 3937, effective 4FR + 1 2nd)

Section 690.310 Animal Bites (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)

~~a) Reports. Every instance in which a person has been bitten by an animal, or in which there is reason to suspect that the wet saliva has come in direct contact with fresh, open or raw pre-existent abrasions or mucous membranes shall be reported on cards that are used for reporting communicable diseases.~~

~~b) Investigations. All known instances of animal exposures described above are to be investigated promptly by the local health authority to determine whether or not antirabies treatment of the exposed person shall be recommended. (See subsection (d) of this Section, "Rationale of Treatment".)~~

~~c) Local Treatment of Bites~~

~~1) Immediate and thorough local treatment of all bite wounds and scratches is the most effective means of preventing rabies. The incidence of rabies in animals can be markedly reduced by local therapy alone. First aid treatment should be carried out immediately by flushing the bite wound thoroughly with soap and water.~~

~~2) Under the direction of a physician, the wound should be thoroughly flushed with soap solution. Tetanus prophylaxis and measures to control bacterial infection should be initiated as indicated.~~

~~d) Rationale of Treatment~~

~~Every exposure to possible rabies infection must be individually evaluated. In the United States, the following factors should be considered before specific antirabies treatment is initiated:~~

~~1) Species of biting animal. Carnivorous animals (especially skunks, foxes, coyotes, raccoons, unvaccinated dogs and unvaccinated cats) and bats are more likely to be infected than other animals. Bites of rabbits, squirrels, chipmunks, rats, and mice seldom, if ever, call for rabies prophylaxis.~~

~~2) Circumstances of biting incident. An unprovoked attack is more likely to mean that the animal is rabid. (Bites during attempts to feed or handle an apparently healthy animal should generally be regarded as provoked.)~~

~~3) Type of exposure. Rabies is transmitted by inoculation of infectious saliva through the skin or mucous membranes; thus, the likelihood that rabies infection will result from exposure to a~~

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

~~rabid animal varies with the nature and extent of the exposure.~~

~~4) Vaccination status of biting animal A currently immunized animal has only a minimal chance of developing rabies and transmitting the virus.~~

~~5) Presence of rabies in region~~

~~A) If adequate laboratory and field records indicate that there is no rabies infection in a domestic species within a given region, local health officials are justified in considering this in recommendations on antirabies treatment following a bite by that particular species.~~

~~B) Prophylaxis is discussed more fully in "Rabies Prevention United States, 1991, Recommendations of the Immunization Practices Advisory Committee" available from the Department. (See Section 690.1010(a)(12))~~

~~e) Control of Biting Animals. See the Animal Control Act (Ill. Rev. Stat. 1991, ch. 8, par. 35) (510 ILCS 5).~~

~~f) General Measures~~

~~1) A healthy pet dog or cat that bites a person should be confined and observed by a veterinarian for 10 days from the date of the bite. Dogs which had been legally vaccinated at the time of the bite may usually be confined at home. Any illness in the biting animal should be reported immediately to the local health authority and evaluated by a veterinarian. Early signs of rabies in wild animals cannot be interpreted reliably; therefore, any such animal that bites or scratches a person should be killed at once (without unnecessary damage to the head) and the brain examined for evidence of rabies.~~

~~2) Educate the public in the necessity of complying with restrictions on dogs and other pets, of having them vaccinated, of seeking immediate medical attention for a bite or wound inflicted by an animal, and of confining the biting animal. The prompt reporting of bites to the local health authority is also very important.~~

~~3) It should be required that all dogs in congested areas be kept on a leash at all times when not confined to their owner's fenced property or home. Ownerless dogs should be disposed of by local animal control units.~~

~~4) Preventive vaccination of dogs in accordance with the Animal Control Act is required.~~

~~5) Close cooperation should be established between the local health authority and the county animal control administrator.~~

(Source: Repealed at 25 Ill. Reg. 3937, effective)

Section 690.320 Anthrax (Reportable by telephone immediately ~~as soon as possible~~, within 3 ~~24~~ hours upon initial clinical suspicion of the disease)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

a) Incubation Period - 2 to 7 days; most cases occur within 48 hours following exposure.

b) Control of Case.

1) Isolation is required until lesions have healed. (See drainage/secretion precautions or disease-specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(16)).

2) Concurrent disinfection of discharges from lesions is required. Spores can be killed only by special measures such as steam under pressure or incineration (only in facilities approved for the disposal of hazardous biological agents).

3) Terminal cleaning (see Section 690.1010(~~e~~a)(2~~1~~)) is required.

c) Control of Contacts. No restrictions if patient is properly isolated.

d) General Measures.

1) A search should be made for history of exposure to infected animals or animal products and trace to place of origin.

2) Individuals should avoid contact with animal hide and hair products imported from anthrax endemic countries.

3) Animals suspected of being ill with anthrax should be isolated immediately in the care of a veterinarian and the presence of this disease in animals should be reported to the Illinois Department of Agriculture. Post-mortem examination of animals should be made only by a veterinarian or in the presence of one.

4) Milk from an infected animal should not be used.

5) Effluents and trade wastes, and areas of land polluted by such effluents and wastes, from factories or premises where spore-infected hides or other infected hide and hair products are known to have been worked up into manufactured articles should be controlled and disinfected.

6) Special instruction should be given to all employees handling raw hides in regard to the necessity of personal cleanliness. Every employee handling raw hides, hair, or bristles who has recent ~~an~~ abrasion of the skin should report immediately to a physician.

7) Tanneries, ~~and~~ woolen mills, and factories or laboratories in which work may involve exposure to anthrax should be equipped with proper ventilating apparatus so that dust can be promptly removed before reaching the respiratory tract of humans.

8) Inhalation anthrax cases should be reviewed carefully for consideration of a bioterrorist event.

e) Laboratory Reporting. ~~8)~~ Laboratories are required to report to the local health authority all patients from whom Bacillus anthracis ~~*Bacillus anthracis*~~ has been isolated, or who have a positive immunofluorescence test for anthrax or a positive immunotransblot for anthrax.

f) Reporting of Cases. A narrative report and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 25 Ill. Reg. ~~3937~~ effective APR 1 2001)

Section 690.325 Blastomycosis (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period - Indefinite; probably a few weeks or less, to months; for symptomatic infections, average is 45 days.
b) Control of Case.
   1) Isolation is not required.
   2) Concurrent disinfection of sputum and discharges, and articles contaminated with sputum or discharges is required. (See Section 690.1000(e)(1)(A) through (E).)
   3) Terminal cleaning is required. (See Section 690.1000(e)(2).)
   4) A search for the source of infection is not advised unless a cluster of cases is identified.
c) Control of Contacts. There are no restrictions on contacts.
d) Laboratory Reporting ~~General Measures~~. Laboratories are required to report to the local health authority patients from whom Blastomyces dermatitidis ~~Blastomyces dermatitidis~~ is cultured~~.~~ or from whom there is identification of the yeast form of Blastomyces dematitidis using potassium iodide stain.
e) Reporting of Cases. An individual case report form and a moridity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. ~~3937~~, effective APR 1 2001)

Section 690.327 Botulism, Foodborne, Infant, Wound, or Other (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease for foodborne or within 24 hours for other types)

a) Incubation Period - 12 to 36 hours for foodborne.
b) Control of Case.
   1) There are no restrictions on cases.
   2) Requests for botulinum antitoxin for treatment of suspected wound or foodborne botulism must be made through the Department to the Centers for Disease Control and Prevention. Administration of antitoxin to suspected infant botulism cases has little merit.
c) Control of Contacts. People who also ate the incriminated food should be purged with cathartics, given gastric lavage, receive enemas and be kept under close medical observation.
d) Investigation of Case.
   1) Look for additional cases.
   2) For foodborne botulism, the source food should be identified and submitted for testing. Home canned foods are often vehicles but almost any food maintained in an anaerobic state could be

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

   suspect.
   3) If a commercial product is implicated, it should not be consumed.
e) General Measures.
   1) Infants should not be fed honey or corn syrup.
   2) Foods should be canned properly to destroy spores and toxin.
   3) All wounds should be thoroughly cleaned.
f) Laboratory Reporting. Laboratories shall report to the local health authority all persons for whom this test was requested or any patient whose physician requests antitoxin for administration.
g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Added at 25 Ill. Reg. ~~3937~~, effective APR 1 2001)

Section 690.330 Brucellosis (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period - Highly variable and difficult to ascertain; usually 5 to 60 days, occasionally several months.
b) Control of Case.
   1) Isolation is required until ~~if draining~~ lesions have healed ~~are present; otherwise isolation is not required.~~ (See drainage/secretion precautions or disease-specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(16).)
   2) Concurrent disinfection of body discharges is required. (See Section 690.1000(e)(1).)
c) Control of Contacts. There are no restrictions on contacts.
d) General Measures.
   1) Pasteurization of milk and milk products, whether from cows or goats. The public should be encouraged to consume only pasteurized dairy products, especially when traveling abroad.
   2) Search for infection among livestock and elimination of infected animals from the herd.
   3) Education of the public, and particularly workers in slaughter houses, packing houses and butcher shops, as to the nature of the disease, the mode of transmission, and the danger of handling carcasses or products of infected animals.
   ~~4) Travelers abroad should be advised against the ingestion of unpasteurized dairy products, including cheese.~~
e) Laboratory Reporting.
   1)~~5)~~ Laboratories are required to report to the local health authority all patients from whom Brucella *Brucella* species are isolated and all patients with positive serologic tests for Brucella *Brucella*.
   2) Laboratories shall forward isolates of Brucella to the

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Department's laboratory for further identification.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority an all cases.

(Source: Amended at 25 Ill. Reg. 9937, effective _____)

Section 690.335 Campylobacteriosis (Reportable by mail, telephone, facsimile or electronically, within 7 days)

a) Incubation Period - 1 to 10 days, usually 2 to 5 days.
b) Control of Case.
   1) Enteric precautions (see Section 690.1010(a)(1)) or any equivalent isolation procedures (see Section 690.1010(a)(16)) are required for hospitalized patients until clinical recovery (i.e., absence of diarrhea for 24 hours).
   2) Concurrent disinfection of feces and articles in contact with feces. Handwashing is required after use of the toilet (see Section 690.1000(e)(1)).
   3) Terminal cleaning is required (see Section 690.1000(e)(2)).
c) Control of Contacts. No restriction of contacts.
d) Sale of Food, Milk, etc. (see Section 690.1000(f)).
e) General Measures.
   1) The public should be educated to thoroughly cook all foods derived from animal sources, especially poultry.
   2) The public should be educated to avoid cross-contamination of cooked food with raw food.
   3) Only pasteurized milk should be consumed.
   4) Animals, such as young puppies with diarrhea, or poultry, can be sources of infection. Hands should be washed after contact with animal feces.
   5) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in day care centers and schools.
f) Laboratory Reporting. Laboratories are required to report to the local health authority patients from whom Campylobacter has been isolated.
g) Reporting of Cases. A morbidity card supplied by the Department is required to be submitted on all cases by the local health authority. An individual case report form is not required unless an outbreak occurs.

(Source: Added at 25 Ill. Reg. 9937, effective _____)

Section 690.350 Chickenpox (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

a) Incubation Period - From 2 to 3 weeks; commonly 13 to 17 days. The incubation period may be up to 4 weeks if immune globulin has been administered.
b) Control of Case.
   1) Children shall be excluded from school for a minimum of ~~not less than~~ five days after the appearance of eruption or until vesicles become dry. In a health care facility, strict isolation (see Section 690.1010(a)(1)) is required until all lesions are crusted.
   2) Concurrent disinfection is required of articles soiled by discharges from the nose, throat and lesions~~.~~ (see ~~See~~ Section 690.1000(e)(1)).
c) Control of Contacts. No general restrictions. Susceptible ~~except that susceptible~~ contacts in a health care facility should be quarantined, as necessary, until the incubation period has elapsed to prevent exposure of immunocompromised patients.
d) General Measures. Varicella vaccine is currently available and recommended for all children without contraindications between 12-18 months of age. It is also recommended for immunization of all susceptible children by age 13. Children who have not been immunized previously and who do not have a reliable history of chickenpox are considered susceptible.
e) Reporting of Cases. Uncomplicated cases shall be reported by the local health authority on the Department Summary Sheet by age, sex and week of onset. Cases with complications such as meningitis should be reported in more detail.

(Source: Amended at 25 Ill. Reg. 9937, effective _____)

Section 690.360 Cholera (Reportable by telephone as soon as possible, within 24 hours)

a) Incubation Period - From a few hours to 5 days, usually 2 to 3 days.
b) Control of Case.
   1) Isolation is required until diarrhea ceases. See enteric precautions or disease-specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(16)).
   2) Return to Work Restrictions:
      A) Cases who are food handlers ~~or work in sensitive occupations~~ shall not return to their occupations until three consecutive release specimens of feces, collected at least 24 hours after discontinuation of antimicrobial agents ~~cessation of antibiotics~~ and at least 24 hours apart, are found to be negative for Vibrio cholerae ~~*Vibrio cholerae*~~.
      B) Cases who have diarrhea and work in food handling or sensitive occupations should be restricted until diarrhea

has ceased for at least 24 hours.

C) Cases who work in sensitive occupations, use universal precautions or any equivalent isolation procedure, and do not have diarrhea may return to work, but they must submit 3 consecutive specimens of feces which are found to be negative for V. cholerae, collected at least 24 hours after discontinuation of antimicrobial agents and at least 24 hours apart.

3)~~2)~~ Concurrent disinfection of feces, vomitus, and linens and other articles used by patients is required. Hand washing is required after use of the toilet ~~defecation~~. (See Section 690.1000(e)(1).)

4)~~3)~~ Terminal cleaning is required. (See Section 690.1000(e)(2).)

c) Control of Contacts. Observation of contacts is required during the period of household exposure and for five days after last exposure. ~~Contacts who are food handlers or in sensitive occupations and who have diarrhea shall not return to their occupations until diarrhea ceases.~~

1) Contacts Who Have Not Had Diarrhea During the Previous 4 Weeks.

A) There are no automatic restrictions from working for contracts who are food handlers or employed in sensitive occupations and who have had no symptoms of cholera during the previous 4 weeks.

B) Contacts who are employed as food handlers or in sensitive occupations shall submit specimens as described in subsection (b)(2) of this Section. These contacts will be restricted from their occupations if they do not comply with submission of 3 release specimens within 2 weeks following notification.

C) If any of the 3 release specimens referenced in subsection (c)(1)(B) of this Section is positive for Vibrio cholerae, contacts shall be considered cases and will be required to comply with the requirements of subsection (b)(2) of this Section.

2) Contacts Who Currently Have, or Have Had, Diarrhea During the Previous 4 Weeks.

A) All contacts who are food handlers or in sensitive occupations and who currently have diarrhea or have had diarrhea during the previous 4 weeks shall not work in their occupations until they have submitted 3 stool specimens as described in subsection (b)(2) of this Section.

B) Health care workers who use universal precautions or any equivalent isolation procedure, and who do not currently have diarrhea, are not required to stop working in their occupations, but must submit 3 release specimens as described in subsection (b)(2) of this Section.

C) Health care workers shall be restricted from their occupations if they do not comply with submission of 3 release specimens within 2 weeks after notification. This occupational restriction will terminate when specimens are submitted.

D) If any of the 3 release specimens referenced in (c)(2)(A) or (c)(2)(B) is positive for Vibrio cholerae, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.

d) Sale of Food, Milk, etc. (see ~~See~~ Section 690.1000(f)).

e) General Measures.

1) The local health authority should educate the public about safe choices of food and drink when traveling to developing countries.

2) The local health authority should educate the public that raw seafood should not be brought home from developing countries.

3) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in day care centers and schools.

f) Laboratory Reporting.

1)~~3)~~ Laboratories are required to report to the local health authority all patients from whom Vibrio cholerae ~~*Vibrio cholerae*~~ has been isolated and are required to report positive serology results.

2)~~4)~~ Laboratories are required to forward Vibrio cholerae ~~*Vibrio cholerae*~~ isolates to the ~~Illinois~~ Department's ~~Department of Public Health~~ laboratory for serotyping and toxin testing.

g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: ~~Amended~~ at 25 Ill. Reg. 3937, effective ~~APR 7 1001~~)

Section 690.365 Cryptosporidiosis (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period. The incubation period is not precisely known. The usual range is one to 12 days with an average of approximately 7 days.

b) Control of Case.

1) Enteric precautions or disease-specific precautions ~~are required:~~ (see ~~See~~ Section 690.1010(a)(1)), or equivalent isolation procedures (see Section 690.1010(a)(16)) are required.

2) Cases with diarrhea may not be employed as food handlers or in sensitive occupations until diarrhea ceases (no diarrhea for 24 hours). No release specimens are required before returning to work for persons employed as food handlers or in sensitive occupations.

3) Concurrent disinfection of feces and articles soiled with feces is required. Hand washing after use of the toilet ~~defecation~~ is required. (See Section 690.1000(e)(1).)

4) Terminal cleaning is required. (See Section 690.1000(e)(2).)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

c) Control of Contacts.
   1) Household contacts and others in close contact with the case who have diarrhea should be tested for Cryptosporidium ~~*Cryptosporidium*~~.
   2) Contacts with diarrhea shall not be employed as food handlers or in sensitive occupations while they have diarrhea.
d) General Measures.
   1) Provide education to the public about personal hygiene.
   2) Provide education to the public about avoiding contact with calves and other animals with diarrhea.
   3) Filtration should be included in the treatment of public water supplies.
e) Laboratory Reporting. ~~4)~~ Laboratories are required to report to the local health authority patients from whom Cryptosporidium ~~*Cryptosporidium*~~ species has been identified~~,~~, who have positive antigen detection, or who are polymerase chain reaction positive.
f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If more than one case is identified in a household, completion of the morbidity card only is required for the additional household cases.

(Source: Amended at 25 Ill. Reg. 3937, effective [illegible])

Section 690.368 Cyclosporiasis (Reportable by mail, telephone, facsimile or electronically, within 7 days)

a) Incubation Period - 2 to 7 days.
b) Control of Case.
   1) Enteric precautions are not required.
   2) No restrictions are required for food handlers or those in sensitive occupations. This infection is not believed to be transmitted person-to-person.
c) Control of Contacts.
   1) No control of contacts is required.
   2) Contacts who have had similar exposures as cases should see their physician if diarrhea develops.
d) General Measures.
   1) An investigation to find a common food source should be initiated if multiple cases occur.
   2) Produce should be purchased from safe sources and washed thoroughly before consumption.
   3) The public should be educated regarding the importance of drinking or swimming in non-contaminated water, especially when traveling.
e) Laboratory Reporting. Laboratories are required to report to the local health authorities patients who have positive polymerase chain

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

reaction or identification of Cyclospora cayetanensis oocysts,
f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If more than one case is identified in a household, completion of the morbidity card only is required for the additional household cases.

(Source: Added at 25 Ill. Reg. 3937, effective [illegible])

Section 690.370 Diarrhea of the Newborn (Reportable by telephone as soon as possible, within 24 hours)

a) Incubation Period - 12 to 72 hours.
b) Definition.
   1) Any hospitalized neonate (infant 28 days of age or younger) having four or more loose or watery or otherwise pathological stools in 24 ~~twenty-four~~ hours, with or without weight loss, anorexia, and listlessness shall be considered to have diarrhea of the newborn. Such neonates shall be isolated immediately pending determination of the etiology of the diarrhea.
   2) The occurrence in a maternity department of two or more cases of diarrhea of the newborn within the same two week period shall be considered epidemic diarrhea. A single case of diarrhea with a proven contagious etiological agent shall be considered epidemic diarrhea.
c) Control of Case.
   1) Isolation is required pending determination of the etiology of the diarrhea. (See enteric precautions or disease-specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(16).) The infected infant shall immediately be removed from ~~form~~ the hospital nursery to isolation quarters and be cared for by separate nursing staff, skilled in isolation techniques, the members of which do not come in contact with other infants or children.
   2) Immediate culture and examination of feces for specific bacterial and viral agents, and microscopic examination for protozoa and helminths, as indicated by the patient's clinical presentation, are required when the etiology is unknown.
   3) Concurrent disinfection, with sanitary disposal of feces, is required. (See Section 690.1000(e)(1).)
   4) Terminal cleaning is required. (See Section 690.1000 (e)(2).)
d) Control of Contacts to Epidemic Diarrhea.
   1) When only one case of diarrhea of the newborn has occurred, and the baby's mother has tested positive for the same organism causing illness in the baby, testing for the identified pathogen is required only of other babies that were in the nursery at the same time as the infected baby.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

2) When multiple cases of diarrhea of the newborn have occurred, ~~or~~ when the source of the infected baby is most likely another infant or staff member, or when the etiologic agent is unknown:
   A) The ~~Immediately close the~~ involved nursery shall be closed immediately to new admissions.
   B) Any infant transferred from the involved nursery to another part of the hospital or to another health care institution must be placed in enteric precautions or disease-specific precautions (see Section 690.1010(a)(1)) or equivalent isolation procedures (see Section 690.1010(a)(16)).
   C) The ~~Reduce the~~ census in the involved nursery shall be reduced by discharge as rapidly as possible.
   D) All exposed infants in the involved nursery shall be cared for by a separate nursing staff skilled in isolation techniques. Particular emphasis should be placed on hand washing between contacts with infants.
   E) No new admissions may be made to the involved maternity department. A separate maternity section may be established for new maternity admissions upon approval by the ~~Illinois~~ Department ~~of Public Health~~.
   F) Bacteriologic or microscopic examination of stools, according to clinical indication, is required of all ill and exposed infants, mothers, attending physicians and maternity and nursery service personnel. Those persons found to harbor the suspected organisms or parasites shall be excluded from maternity, nursery and pediatric service until released by the ~~Illinois~~ Department ~~of Public Health~~. Personnel who use universal precautions (see Section 690.1010(a)(2)) while caring for patients shall not necessarily be restricted from their occupations if they do not have diarrhea (see rules in this Part specific to each etiologic agent). Health care workers shall be restricted from their occupations if they fail to begin submitting ~~submit required~~ specimens within one week after notification. This occupational restriction shall terminate when required specimens are submitted, dependent upon the provisions of rules specific to each etiologic agent.
   G) Investigation shall be made of all infants discharged from the hospital in the period two weeks prior to the onset of the initial case to determine if additional cases have occurred.
   H) Maternity service may be renewed in the involved maternity section only after discharge of all contact infants and mothers and after terminal cleaning has been completed (see Section 690.1000(e)(2)).

e) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. The type of report form to be

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

used will be determined based on the etiologic agent involved.

(Source: Amended at 25 Ill. Reg. 3937, effective APR 1 2001)

Section 690.380 Diphtheria (Reportable by telephone as soon as possible, within 24 hours)

a) Incubation Period - Usually 2 to 5 days, occasionally longer.
b) Control of Case.
   1) Isolation is required until two successive cultures from the nose and two successive cultures from the throat, taken not less than 24 ~~twenty four~~ hours apart, are negative for diphtheria bacilli, or when a virulence test proves the bacilli to be avirulent.
   2) Cultures shall not be accepted for release from isolation until at least seven days have elapsed since the last use of chemotherapeutic or antibiotic agents.
   3) Specimens will be considered to be satisfactory only if they reach a laboratory acceptable to the ~~Illinois~~ Department ~~of Public Health~~ within 48 ~~forty eight~~ hours, and if growth of normal flora occurs.
   4) Concurrent disinfection is required of all articles soiled by discharges of the patient. (See Section 690.1000(e)(1).)
   5) Terminal cleaning is required. (See Section 690.1000(e)(1).)
c) Control of Contacts.
   1) All contacts should be cultured from the nose and from the throat.
   2) All susceptible contacts shall be isolated.
   3) All contacts found to be carriers should be kept under quarantine and isolation until initiation of proper therapy, or until requirements in subsection ~~Subsection~~ (b)(1), (2) and (3) ~~above~~ are met.
   4) Contacts who are food handlers or in sensitive occupations shall not work in ~~be excluded from~~ these occupations until shown, by two successive negative cultures from the nose and from the throat, not to be carriers, and permission is granted in writing by the local health authority.
d) Control of Carriers.
   1) Carriers discovered as the result of epidemiological follow-up of a known case shall be handled in the same manner as contact carriers. (See subsection ~~Subsection~~ (c)(3)~~.~~ ~~above~~)
   2) Carriers discovered in another way (screening, etc.) may, if well, continue their normal occupation, unless they are food handlers or in sensitive occupations, until such time as the results of a virulence test are available. If the organism is found to be virulent, such carriers shall be handled as contact carriers. (See subsection ~~Subsection~~ (c)(4)~~.~~ ~~above~~)
e) Sale of Food, Milk, etc. (see ~~See~~ Section 690.1000(f)).

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

f) General Measures.
   1) Diphtheria is a preventable disease. Children should be immunized prior to admission to any school or group-care setting. Susceptible individuals may be actively immunized by means of diphtheria toxoid. Non-immune individuals ~~Non-immunes~~ who rely on equine diptheria antitoxin are subject to the risk of serum anaphylaxis. Therefore, all individuals should be actively immunized against diptheria and the immunity should be bolstered by periodic booster inoculations.
   2) All infants should be given a series of three DPT (diphtheria - tetanus toxoid with pertussis vaccine combined) injections beginning at 2 - 3 months, with an interval of 6 - 8 weeks between injections.
   3) A booster dose of DPT should be administered 1 year later and repeated when entering school.
   4) Persons 6 years of age or older should be given tetanus-diphtheria combined toxoid either as a primary immunizing agent for diphtheria, or as a booster for diphtheria and tetanus.
   5) Occasionally, in a non-immune individual who has been exposed, antitoxin will have to be used. This should be followed immediately with active immunization.
   6) Isolates should be submitted to the ~~Illinois~~ Department's ~~Department of Public Health~~ laboratory for toxicity testing.

(Source: Amended at 25 Ill. Reg. 3937, effective _____)

Section 690.385 Ehrlichiosis, Human Granulocytic (Reportable by mail, telephone, facsimile or electronically, within 7 days)

a) Incubation Period - 7 to 21 days after tick exposure.
b) Control of Case.
   1) Isolation is not required.
   2) Concurrent disinfection is not required.
   3) Terminal cleaning is not required.
   4) Ticks must be carefully removed from patient.
c) Control of Contacts. No quarantine required.
d) General Measures.
   1) The local health authority should investigate cases to determine the location of their tick exposure (from 7 to 21 days prior to onset).
   2) Persons should be educated about the importance of performing tick checks during and after outdoor activities.
   3) The public should be educated in tick avoidance, use of tick repellents, proper removal of ticks and symptoms of tick-borne diseases.
e) Laboratory Reporting. Laboratories are required to report to the local health authority patients who have positive serology, morulae in white blood cells or positive polymerase chain reaction for ehrlichiosis.
f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

(Source: Added at 25 Ill. Reg. 3937, effective _____)

Section 690.386 Ehrlichiosis, Human Monocytic (Reportable by mail, telephone, facsimile or electronically, within 7 days)

a) Incubation Period - 7 to 21 days after tick exposure.
b) Control of Case.
   1) Isolation is not required.
   2) Concurrent disinfection is not required.
   3) Terminal cleaning is not required.
   4) Ticks must be carefully removed from patient.
c) Control of Contacts. No quarantine required.
d) General Measures.
   1) The local health authority should investigate cases to determine the location of their tick exposure (from 7 to 21 days prior to onset).
   2) Persons should be educated about the importance of performing tick checks during and after outdoor activities.
   3) The public should be educated in tick avoidance, use of tick repellents, proper removal of ticks and symptoms of tick-borne diseases.
e) Laboratory Reporting. Laboratories are required to report to the local health authority patients who have positive serology, morulae in white blood cells or positive polymerase chain reaction for ehrlichiosis.
f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Added at 25 Ill. Reg. 3937, effective _____)

Section 690.390 Encephalitis (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

Each case of acute encephalitis~~, whether acute, sub-acute or chronic,~~ should be reported at the time diagnosis is suspected and appropriate measures for an etiological diagnosis should begin.

a) Primary Infectious Type.
   1) Incubation Period - Usually 5 to 15 days for primary infectious types.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

2) Control of Case.
   A) Isolation is not required unless required for etiologic agent. Patient should be protected from contact with biting or sucking insects.
   B) Concurrent disinfection is ~~if~~ dependent upon etiologic agent.
3) General Measures.
   Control measures will depend upon prompt reporting to the local health authority, and accurate etiologic diagnosis.

b) Post-infectious Type (specify pre-existing infection).
1) Incubation Period - Occurs during course of, or following, specific infectious disease (e.g., measles, mumps, chickenpox, etc.) leading to the condition.
2) Control of Case.
   A) Isolation is dependent upon primary disease.
   B) Concurrent disinfection is dependent upon primary disease.
   C) Terminal cleaning is dependent upon primary disease.
3) Control of Contacts. There are no restrictions on contacts.

c) Post-vaccinal Type (specify antigens responsible).
1) Incubation Period - Uncertain, between 9th and 13th days in most instances.
2) Control of Case and Contacts. No restrictions on case or contacts.

d) General Measures. When cases occur during summer months, efforts should be made to obtain acute and convalescent serum specimens and cerebrospinal fluid for arbovirus antibody testing.

e) Laboratory Reporting.
1) Laboratories are required to report to the local health authority, encephalitis cases from whom a virus was cultured and patients with significant arbovirus antibody test results. Criteria for significance should be determined by each laboratory.
2) Laboratories are required to submit virus isolates from encephalitis patients to the ~~Illinois~~ Department's ~~Department~~ laboratory ~~of Public Health~~ for typing.
~~3) When cases occur during summer months, efforts should be made to obtain acute and convalescent serum specimens for arbovirus antibody testing.~~

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. 3937, effective April 1, 2001)

Section 690.400 Enteric Escherichia coli ~~Escherichia coli~~ Infections (E. coli: ~~Due to Serotype~~ 0157:H7 and Other Enterohemorrhagic E. coli, Enterotoxigenic E. coli and Enteropathogenic E. coli)~~, Including Complications Such As Hemolytic~~ ~~Uremic Syndrome~~ (Reportable by ~~mail or~~ telephone as soon as possible, within 24 hours ~~7 days~~)

a) Incubation Period - for E. coli 0157:H7, up ~~to~~ to 8 ~~7~~ days, commonly 3 to 4 days. For enterotoxigenic E. coli, from 10 to 72 hours.

b) Control of Case.
1) Isolation is required until diarrhea ceases for at least 24 hours ~~clinical recovery~~. (See enteric precautions or disease-specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(16).)
2) Cases shall not work as food handlers until 2 consecutive negative stool release specimens are obtained at least 24 hours apart and not less than 48 hours after discontinuation of antimicrobial agents. Health care workers shall be restricted from work until diarrhea has ceased for at least 24 hours. Health care workers who use universal precautions, and who do not have diarrhea, shall not be restricted from their occupations, but must submit 2 consecutive negative stool release specimens obtained at least 24 hours apart and not less than 48 hours after discontinuation of antimicrobial agents. Health care workers will be restricted from their occupations if they do not begin submitting release specimens within 2 weeks after notification. This occupational restriction will terminate when specimen submission begins, as long as the case continues to comply with required specimen submission. ~~or in sensitive occupations when diarrhea is present.~~
3) ~~2)~~ Concurrent disinfection of feces and articles soiled with feces is required. Handwashing is required after use of the toilet ~~defecation.~~ (see ~~See~~ Section 690.1000(e)(1)).
4) ~~3)~~ Terminal cleaning is required. (see ~~See~~ Section 690.1000(e)(2)).

c) Control of Contacts. ~~There are no restrictions on contacts.~~
1) Contacts Who Have Not Had Diarrhea During the Previous 4 Weeks.
   A) There are no automatic restrictions from working for contacts who are employed as food handlers or in sensitive occupations and who have had no symptoms of E. coli 0157:H7 or other enterohemorrhagic E. coli, enterotoxigenic E. coli or enteropathogenic E. coli during the previous 4 weeks.
   B) Contacts who are employed as food handlers or in sensitive occupations shall submit specimens as described in subsection (b)(2) of this Section. These contacts will be restricted from their occupations if they do not comply with submission of 2 release specimens within 2 weeks following notification.
   C) If either of the 2 release specimens referenced in subsection (c)(1)(B) of this Section is positive for E. coli 0157:H7 or other enterohemorrhagic E. coli, enterotoxigenic E. coli or enteropathogenic E. coli, contacts shall be

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

considered cases and will be required to comply with the restrictions on returning to work in subsection (b)(2) of this Section.

2) Contacts Who Currently Have Diarrhea or Have Had Diarrhea During the Previous 4 Weeks.

A) All contacts employed as food handlers or in sensitive occupations and who currently have diarrhea or have had diarrhea during the previous 4 weeks shall not work in their occupations until they have submitted 2 stool specimens as described in subsection (b)(2) of this Section.

B) Health care workers who use universal precautions or any equivalent isolation procedures, and who do not currently have diarrhea, are not required to stop working at their occupations but must submit release specimens as described in subsection (b)(2) of this Section.

C) Health care workers shall be restricted from their occupations if they do not comply with submission of 2 release specimens within 2 weeks after notification. This occupational restriction will terminate when specimens are submitted.

D) If either of the 2 release specimens referenced in (c)(2)(A) or (c)(2)(B) is positive for E. coli 0157:H7 or other enterohemorrhagic E. coli, enterotoxigenic E. coli, or enteropathogenic E. coli, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(1) of this Section.

d) Sale of Food, Milk, etc. (see ~~See~~ Section 690.1000(f)).

e) General Measures.

1) The local health authority should educate the public about the need to thoroughly cook ground meat prior to ingestion~~.~~ to prevent infection by E. coli 0157:H7.

2) Irradiation of beef and produce could reduce contamination by E. coli 0157:H7

3)~~2)~~ The local health authority should educate the public that milk should be pasteurized before ingestion.

4)~~3)~~ Protect public water supplies from contamination by sewage and animal waste.

5) Swimming pools should be chlorinated.

6) Adequate hygiene in daycare, especially frequent handwashing, should be ensured.

7) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in day care centers and schools.

f) Laboratory Reporting.

1) Laboratories are required to report all patients with isolation of Escherichia coli 0157 or other enterohemorrhagic E. coli or shiga toxin producing E. coli to the local health authority.

2)~~4)~~ Laboratories are required to submit E. coli ~~*B.-coli*~~ 0157 or other enterohemorrhagic E. coli or other shiga toxin producing E. coli isolates ~~that--are--sorbitol-negative~~ to the ~~Illinois~~ Department's ~~Department of---Public---Health~~ laboratory for serotyping. When suspicious clusters occur, these isolates will be available if additional typing methods such as pulse field gel electrophoresis is considered necessary.

g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If more than one case is identified in a household, completion of the morbidity card only is required for the additional household cases.

(Source: Amended at 25 Ill. Reg. 3937, effective MAR 1 2001)

Section 690.410 Foodborne or Waterborne Illness (Reportable by telephone as soon as possible, within 24 hours)

a) Definition of Foodborne or Waterborne Illness: Foodborne and waterborne illnesses are caused by many different bacterial, viral, parasitic and chemical etiologic agents. Foodborne or waterborne illnesses usually produce gastrointestinal symptoms, but uncommon forms of foodborne or waterborne illness produce other symptoms. "Foodborne Pathogenic Microorganisms & Natural Toxins" ~~"Diseases Transmitted--by--Foods",---Centers-for-Disease-Control-and-Prevention, 1992~~ (Section 690.1010(a)(50)) lists most known causes of foodborne and waterborne disease. All causes of foodborne or waterborne illness specified in this Part ~~listed-in-this-publication~~ are required to be reported.

b) Investigation of Cases and Outbreaks.

1) All suspected or confirmed cases of foodborne or waterborne illness shall be investigated by the local health authority.

2) Investigation of outbreaks shall conform to the following:

A) A central log should be maintained of all incoming complaints of ~~related-to~~ illness suspected to be due to ingestion of food or water. The log should be reviewed at the time of each new entry to determine if there is a pattern of illness suggesting a public health threat.

B) When an outbreak is suspected, a small number of ill persons (approximately 10) with symptoms typical of the syndrome (or with diagnostic laboratory results) should be interviewed ~~for-foods-and-drinks-ingested-for-the-72-hours-prior-to--the onset-of-symptoms~~. Case histories should include:

i) Date and time of onset of each person's illness.

ii) A comprehensive list of signs and symptoms of each ill person. The presence or absence of each sign and symptom should be noted on the interview form as well as the duration of each sign and symptom.

iii) All foods and drinks ingested (and their sources) during the 72 hours prior to onset of illness.

C) A hypothesis should be established regarding a suspect common source when histories indicate a majority of ill persons attended one or more common events or were exposed to a potential common source, and became ill with similar symptoms at approximately the same interval after exposure.

D) A questionnaire should be developed ~~constructed~~ for collecting information specific to each outbreak using restaurant menus, the list of foods and drinks served at a suspect function, etc. When using menus, include information about foods served with each menu item, appetizers, condiments available at the table, condiments ordered from the kitchen (sour cream, butter, etc.), type of salad dressing, ice ingestion, and all other choices available to diners. The questionnaire should require all interview subjects to answer specifically whether each item was ingested.

E) Case histories should be obtained from all ill persons and well persons, when possible. Interview each adult directly, not through a spouse or other household member. Children should be interviewed with the assistance of an adult. In ~~Interviewing--in~~ person or ~~by~~ telephone interviews are ~~is~~ preferred to mailed questionnaires. When available, the number of well persons interviewed should be ~~approximately~~ the same or more than ~~as~~ the number of ill persons interviewed.

3) Specimens should be collected from a representative sample of cases, when practical, and tested to confirm the etiologic agent responsible for the outbreak.

4) Samples of implicated foods should be collected and tested, when practical, to identify the vehicle responsible for the outbreak.

5) A final report summarizing the findings of the investigation must ~~shall~~ be prepared by the local health authority using "Investigation of a Foodborne Outbreak", form number CDC 52.13, Rev. 9-99 ~~9-89~~. This form is available from the Department.

c) Sale of Food, Milk, etc. (see ~~See~~ Section 690.1000(f)).

d) General Measures.

1) Persons with diarrhea shall not work as food handlers and must abide by restrictions placed on food handlers specified in this Part, specific to each etiologic agent.

2) Persons with pyogenic skin infections shall not work as food handlers.

3) Potentially hazardous foods shall be kept at temperatures below 45 degrees F (7 degrees C) or above 140 degrees F (60 degrees C), as appropriate, during display and service.

4) When outbreaks of foodborne or waterborne disease occur in commercial food service establishments, food handlers in the

establishment where the outbreak occurred are considered to be contacts to cases and shall be subject to this Part, specific to each etiologic agent.

(Source: Amended at 25 Ill. Reg. 3937, effective April 7, 2001)

Section 690.420 Giardiasis (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period - Variable, 5 to 25 days, sometimes longer.

b) Control of Case and Carrier.

1) Isolation is required until ~~clinical recovery (i.e.~~ absence of fever and diarrhea~~)~~. (See enteric precautions or disease-specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(16).)

2) Cases or carriers who work as ~~are~~ food handlers ~~or in sensitive occupations~~ are prohibited from performing their job duties until 3 ~~three~~ consecutive release stool specimens, taken not less than 48 hours apart and at least 24 hours after discontinuation of an antimicrobial agent, are negative for trophozoites and cysts of Giardia lamblia ~~*Giardia lamblia*~~ or who are negative by antigen detection. Health care workers with diarrhea are restricted from their occupations until diarrhea has ceased for 24 hours. Health care workers who use universal precautions (see Section 690.1010(a)(2)) and who do not have diarrhea are not required to cease their occupations, but must submit release specimens as described above. Health care workers shall be restricted from their occupations if they do not comply with submission of release specimens within two weeks after notification. This occupational restriction will terminate when specimens are submitted.

3) Concurrent disinfection of feces and articles soiled with feces is required unless disposal of excreta is by sanitary sewer; hand washing after use of the toilet ~~defecation~~ is mandatory. (see ~~See~~ Section 690.1000(e)(1)).

4) Terminal cleaning is required (see Section 690.1000(e)(1)).

5)~~4~~) Instruction of convalescent and chronic carriers in personal hygiene, particularly as to sanitary disposal of fecal waste and hand washing after use of toilet.

c) Control of Contacts. ~~Three specimens of feces shall be collected from household contacts who work as food handlers or in sensitive occupations and shall be examined for cysts and trophozoites of Giardia lamblia. Those found to be positive will have their occupations restricted according to subsection (b)(2) of this Section.~~

1) Contacts Who Have Not Had Diarrhea During the Previous 4 Weeks.

A) There are no automatic restrictions from working for contacts who are employed as food handlers or in sensitive

occupations and who have had no symptoms of giardiasis during the previous 4 weeks.

B) Contacts who are employed as food handlers or in sensitive occupations shall submit specimens as described in subsection (b)(2) of this Section. These contacts will be restricted from their occupations if they do not comply with submission of 3 release specimens within 2 weeks following notification.

C) If any of the 3 release specimens referenced in subsection (c)(1)(B) of this Section is positive for giardiasis, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.

2) Contacts Who Currently Have, or Have Had, Diarrhea During the Previous 4 Weeks.

A) All contacts who work as food handlers or in sensitive occupations and currently have diarrhea or have had diarrhea during the previous 4 weeks shall not work in their occupations until they have submitted 2 stool specimens as described in subsection (b)(2) of this Section.

B) Health care workers who use universal precautions, and who do not currently have diarrhea, are not required to stop working in their occupations but must submit release specimens as described in subsection (b)(2) of this Section.

C) Health care workers shall not work in their occupations if they do not comply with submission of 3 release specimens within 2 weeks after notification. This occupational restriction will terminate when specimens are submitted.

D) If any of the 3 release specimens referenced in (c)(1)(A) or (c)(2)(B) is positive for Giardia, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.

d) Sale of Food, Milk, etc. (see ~~See~~ Section 690.1000(f)).

e) General Measures.

1) Sanitary disposal of human feces.

2) Safeguarding of water supplies:

A) Protect potable water supplies against fecal contamination.

B) Boil drinking water where necessary.

C) Chlorination appears inadequate for destruction of cysts.

D) Filtration by a municipal system or by some selected portable units is the only effective treatment other than boiling.

E) Avoidance of cross connections between public and private auxiliary water supplies and of back-flow connections in plumbing systems.

3) Supervision of the general cleanliness and the personal health and sanitary practices of persons preparing and serving food in public eating places, especially where moist foods that are eaten raw are served.

4) Education on ~~and~~ personal cleanliness, particularly washing hands with soap and warm water after use of the toilet ~~water--after evacuation--of-the-bowels~~. Supervision of persons incompetent in personal hygiene. This is especially important in daycare centers and in the institutional setting.

5) Maintain high index of suspicion in travelers returning from endemic areas.

6) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in day care centers and schools.

f) Laboratory Reporting.

~~6~~) Laboratories are required to report to the local health authority cases ~~patients~~ in whom Giardia lamblia ~~*Giardia lamblia*~~ trophozoites or cysts are found in stool or by antigen detection.

g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If more than one case is identified in a household, completion of the morbidity card is required for the additional household cases.

(Source: Amended at 25 Ill. Reg. 3937, effective 3FR 7111)

Section 690.441 Haemophilus Influenzae, Meningitis and Other Invasive Disease (Reportable by telephone, within 24 hours)

a) Incubation Period - Unknown, most likely 2 to 4 days.

b) Control of Case.

1) Respiratory isolation, disease-specific precautions (see Section 690.1010(a)(1)) or an equivalent isolation procedure (see Section 690.1010(a)(16)) is required until 24 hours after chemotherapy is started.

2) Concurrent disinfection is not required.

3) Terminal cleaning is not required.

c) Control of Contacts.

1) No restrictions.

2) Contacts under 6 years of age, infants in particular, should be observed for signs of illness, especially fever.

3) When a case of Haemophilus influenzae type b occurs, selective chemoprophylaxis may be desirable for household contacts in households in which there are other children under 12 months of age or children 1 to 3 years of age who are inadequately immunized against Haemophilus influenzae type b. Chemoprophylaxis is also recommended in daycare center classrooms where a case has occurred and children under 12 months of age have been exposed or children 12 to 24 months of age have been exposed and are inadequately immunized.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

d) General Measures. All infants should be vaccinated against Haemophilus influenzae type b disease, in accordance with the latest recommendations of the Immunization Practices Advisory Committee (see Section 690.1010(a)(8)).

e) Laboratory Reporting.

1) Laboratories are required to report to the local health authority when Haemophilus influenzae (any type) has been cultured from a normally sterile site or positive antigen detection in cerebrospinal fluid.

2) Hospitals are also required to forward to the Department's laboratory all Haemophilus influenzae isolates from normally sterile sites for typing, unless the submitting laboratory has typed the organism.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Added at 25 Ill. Reg. 3997, effective APR 1 1901)

Section 690.442 Hantavirus Pulmonary Syndrome (Reportable by mail, telephone, facsimile or electronically, within 7 days)

a) Incubation period - 2 days to 2 months, usually 2 to 4 weeks.

b) Control of Case.

1) Isolation is not required.

2) Concurrent disinfection is not required.

3) Terminal cleaning is not required.

c) Control of Contacts. No control of contacts required.

d) General Measures.

1) The local health authority should investigate cases to determine locations of rodent exposure in the 2 months before illness onset.

2) Rodents should be exterminated in and around households.

3) The public should be educated regarding rodent avoidance and rodent control.

4) Food should be stored under rodent-proof conditions.

5) Rodent-contaminated areas should be disinfected by spraying a disinfectant (such as dilute bleach) solution prior to cleaning. Rodent-contaminated areas should not be swept or vacuumed; a wet mop or towels moistened with disinfectant should be used.

e) Laboratory Reporting. Laboratories are required to report to the local health authority cases from whom a positive serology, positive polymerase chain reaction or positive immunohistochemistry have been identified.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

(Source: Added at 25 Ill. Reg. 3997, effective APR 1 1901)

Section 690.444 Hemolytic Uremic Syndrome, Post Diarrheal (Reportable by telephone, within 24 hours)

a) Incubation Period - Variable, depending on type of infection that preceded the hemolytic uremic syndrome (HUS).

b) Control of Case. See applicable Section of this Part concerning the disease that preceded the HUS (Section 690.400 or 690.640).

c) Control of Contacts. See applicable Section of this Part concerning the disease that preceded the HUS (Section 690.400 or 690.640).

d) General Measures.

1) The public should be educated to thoroughly cook all foods derived from animal sources.

2) Persons should consume only pasteurized milk and dairy products.

3) Persons should be educated regarding the importance of good personal hygiene, including proper handwashing, particularly in daycare centers.

4) Persons should thoroughly wash produce prior to consumption.

5) Persons should be educated regarding the importance of safe drinking water and recreational water.

e) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. The form to be completed will vary, depending on the type of infection that preceded the HUS.

(Source: Added at 25 Ill. Reg. 3997, effective APR 1 1901)

Section 690.450 ~~Hepatitis, Viral (Hepatitis A, Hepatitis B (Cases and Carriers), non-A/non-B hepatitis, Hepatitis Unspecified~~ (Reportable by ~~mail or~~ telephone as soon as possible, within 24 hours ~~7 days~~):

~~a) Hepatitis A~~

a) ~~1)~~ Incubation Period - Dose related; from 15 to 50 days, average 28 to 30 days.

b) ~~2)~~ Control of Case.

1) ~~A)~~ Enteric precautions, ~~or~~ disease-specific precautions (see ~~See~~ Section 690.1010(a)(1)), or equivalent isolation procedures (see Section 690.1010(a)(16)) are required until two weeks after onset of initial symptoms or one week after onset of jaundice. Prolonged enteric precautions or an equivalent isolation procedure should be considered in an outbreak in a neonatal intensive care unit. Patients shall not work as food handlers or in sensitive occupations during the period when infection control precautions apply.

2) ~~B)~~ Concurrent disinfection of feces is required. Hand washing is

required after use of the toilet ~~defecation~~. (See Section 690.1000(e)(1).)

3)~~C~~) Terminal cleaning is not required.

c)~~3~~) Control of Contacts.

1)~~A~~) No restrictions. Quarantine is not indicated.

2)~~B~~) Passive immunization of contacts, including household contacts, who have been exposed in such a manner to allow for transmission of hepatitis A virus and who have not been vaccinated for hepatitis A should be started as early as possible, but within two weeks from the last exposure, with immune globulin, 0.01 ml. per lb. (0.02/kg.) body weight. Immune globulin should also be administered to food handlers who have worked with a hepatitis A case who was a food handler. In a daycare center, immune globulin should be given to all classroom contacts. If the center admits children in diapers, immune globulin should be given to all potentially exposed children and staff in the center. Given intramuscularly within two weeks after exposure, this has been found effective in protection against hepatitis A ~~with jaundice~~ for 6 to 8 weeks.

d)~~4~~) Sale of Food, Milk, etc. ~~Etc.~~ (see ~~See~~ Section 690.1000(f)).

e)~~5~~) General Measures.

1)~~A~~) The local health authority should educate the public about good sanitation and personal hygiene, with special emphasis on hand washing and sanitary disposal of feces.

2)~~B~~) The local health authority should educate food handlers about hand washing. Managers of restaurants and other food services should supervise the hand washing of food handlers.

3)~~C~~) Travelers to highly endemic areas may be given prophylactic doses of immune globulin, or, if time permits, may be given the hepatitis A vaccine series.

4) Local health authorities should educate the public that oysters, clams and other shellfish from contaminated areas should be thoroughly cooked before ingestion.

5) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in daycare centers and schools.

6) Recommendations for hepatitis A vaccine are listed in the "Prevention of Hepatitis A Through Active or Passive Immunization" (see Section 690.1010(a)(11)).

f) Laboratory Reporting. ~~B~~) Laboratories are required to report to the local health authority cases that ~~patients--who~~ have been found positive for IgM-specific antibodies to the hepatitis A virus (anti-HAV IgM). ~~E) Local health authorities should educate the public that oysters, clams and other shellfish from contaminated areas should be thoroughly cooked before ingestion.~~

g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If more than one case occurs in

a household, only a morbidity card is required for subsequent cases.

b~~)~~ ~~Hepatitis B (Cases and Carriers)~~

~~1) Incubation Period (for cases) --- usually 45 to 180 days, average 60 to 90 days; variation may in part be related to size of inoculum.~~

~~2) Control of Cases and Carriers~~

~~A) Use universal precautions, blood and body fluid precautions, or disease specific precautions (See Section 690.1010(a)(1)) for body fluids and items exposed to body fluids until disappearance of hepatitis B surface antigen (HBsAg) and appearance of hepatitis B surface antibody (anti HBs) by serologic testing.~~

~~B) Concurrent disinfection is required of equipment contaminated with blood, saliva and semen. (See Section 690.1000(e)(1))~~

~~C) Terminal cleaning is not required.~~

~~3) Control of Contacts~~

~~A) No restrictions. Quarantine is not indicated.~~

~~B) A person who is a contact to cases or carriers of hepatitis B should be tested for susceptibility to hepatitis B virus and given prophylaxis as recommended by the Immunization Practices Advisory Committee (ACIP), U.S. Public Health Service, Centers for Disease Control, in the publication "Protection Against Viral Hepatitis" (see Section 690.1010(a)(3)) and "Hepatitis B Virus: A Comprehensive Strategy for Eliminating Transmission in the United States Through Universal Childhood Vaccination". (See Section 690.1010(a)(10))~~

~~C) Infants should be given prophylaxis according to recommendations contained in the publications cited in subsection (b)(3)(B) of this Section.~~

~~4) General Measures~~

~~A) Pregnant women shall be tested for HBsAg during an early prenatal visit, or when they present to a hospital for delivery if prenatal serologic results are not available.~~

~~B) Laboratories are required to report to the local health authority patients tested positive for HBsAg or IgM antibodies to hepatitis B core antibody.~~

~~C) Patients with a history of hepatitis B or a positive hepatitis B surface antigen test must never be blood donors.~~

~~D) Health care providers shall refer pregnant women who are hepatitis B surface antigen positive to a local health authority for counseling and recommendations on testing and immunizing contacts within seven days after report of the test result.~~

~~E) The "Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure Prone Invasive Procedures" (see Section

~~690.1010(a)(9))~~ ~~shall be followed.~~

~~c) Hepatitis, viral, unspecified~~

~~1) Control measures should be designed according to the etiology indicated by the epidemiological evidence.~~

~~2) Sale of Food, Milk, etc. (See Section 690.1000(f))~~

~~d) Hepatitis, non-A/non-B~~

~~1) Incubation Period - 15-64 days for A-like non-A/non-B hepatitis and 2 weeks to 6 months for B-like non-A/non-B hepatitis. The usual is 26-42 days for the former, and 6 to 9 weeks for the latter.~~

~~2) Control of Case~~

~~A) For A-like non-A/non-B hepatitis, enteric precautions or disease specific precautions (see Section 690.1010(a)(1)) are required during the first two weeks of illness or during the first week after onset of jaundice. For B-like non-A/non-B hepatitis, blood and body fluid precautions or disease specific precautions (see Section 690.1010(a)(1)) are required for the duration of illness.~~

~~B) Concurrent disinfection is required of equipment contaminated with blood, saliva, semen, feces, and urine. (See Section 690.1000(e)(1))~~

~~3) Control of Contacts~~

~~A) No restrictions. Quarantine is not indicated.~~

~~B) Immunization of contacts is not indicated. No vaccines exist for non-A/non-B hepatitis, and the value of commercially available immunoglobulins has not been established.~~

~~4) General Measures~~

~~A) Patients with a history of hepatitis non-A/non-B should not be blood donors.~~

~~B) Cases should be investigated to determine source of infection.~~

~~e) Delta-hepatitis~~

~~1) Incubation Period - Approximately 2 10 weeks for experimental infections in chimpanzees; not firmly established in man.~~

~~2) Control of Case~~

~~A) Blood and body fluid precautions or disease specific precautions (see section 690.1010(a)(1)) are required until disappearance of HBsAg and appearance of anti-HBs by serologic testing.~~

~~B) Concurrent disinfection is required of equipment contaminated with blood, saliva and semen. (See Section 690.1000(e)(1))~~

~~3) Control of Contacts~~

~~A) No restrictions. Quarantine is not indicated.~~

~~B) A person exposed to cases and carriers of delta hepatitis should be given prophylaxis as recommended by the Immunization Practices Advisory Committee (ACIP), U.S. Public Health Service, Centers for Disease Control in the publication "Protection Against Viral Hepatitis" (see Section 690.1010(a)(3)).~~

~~C) Infants born to women known to be currently infected with the delta hepatitis agent should be given prophylaxis according to recommendations contained in the publication cited in subsection (e)(3)(B) of this Section.~~

~~4) General Measures~~

~~A) Patients with a history of delta hepatitis or whose blood has been tested positive for exposure to the delta agent must never be blood donors.~~

~~B) Laboratories are required to report to the local health authority patients with delta hepatitis IgM antibodies.~~

~~f) General measures for Hepatitis are found in the "Joint Advisory Notice", Department of Labor/Department of Health and Human Services, HBV/HIV, Federal Register, Vol. 52, No. 210, pp. 41018 41823, October 30, 1987. (See Section 690.1010(a)(3))~~

(Source: Amended at 25 Ill. Reg. 3937, effective January 1, 2001)

Section 690.451 Hepatitis B (Reportable by mail, telephone, facsimile or electronically, within 7 days)

a) Incubation Period (for cases) - Usually 45 to 180 days, average 60 to 90 days; variation may in part be related to size of inoculum.

b) Control of Cases and Carriers.

1) Use universal precautions, blood and body fluid precautions, disease-specific precautions or any equivalent isolation procedure (see Section 690.1010(a)(1) or 690.1010(a)(16)) for body fluids and items exposed to body fluids until disappearance of hepatitis B surface antigen (HBsAg) and appearance of hepatitis B surface antibody (anti-HBs) by serologic testing.

2) Concurrent disinfection is required of equipment contaminated with blood, saliva and semen (see Section 690.1000(e)(1)).

3) Terminal cleaning is not required.

c) Control of Contacts.

1) No restrictions. Quarantine is not indicated.

2) A person who is a contact to cases or carriers of hepatitis B should be tested for susceptibility to hepatitis B virus and given prophylaxis as recommended in the publication "Protection Against Viral Hepatitis" (see Section 690.1010(a)(3)) and "Hepatitis B Virus: A Comprehensive Strategy for Eliminating Transmission in the United States Through Universal Childhood Vaccination" (see Section 690.1010(a)(7)).

3) Infants born to HBsAg-positive mothers should be given prophylaxis according to recommendations contained in the publications specified in subsection (c)(2) of this Section.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

d) General Measures.
   1) Pregnant women should be tested for HBsAg during an early prenatal visit, or when they present to a hospital for delivery if prenatal serologic results are not available.
   2) Health care providers shall refer pregnant women who are hepatitis B surface antigen positive to a local health authority for counseling and recommendations on testing and immunizing contacts within seven days after report of the test result.
   3) Infants should be vaccinated for hepatitis B according to the publication "Hepatitis B Virus: A Comprehensive Strategy for Eliminating Transmission in the United States Through Universal Childhood Vaccination" (see Section 690.1010(a)(7)).
   4) Persons at high risk should be vaccinated for hepatitis B according to the publication "Hepatitis B Virus: A Comprehensive Strategy for Eliminating Transmission in the United States Through Universal Childhood Vaccination" (see Section 690.1010(a)(7)).
   5) Persons previously known to test positive for hepatitis B surface antigen must never donate blood for blood transfusion.
   6) The "Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures" (see Section 690.1010(a)(6)) shall be followed.
e) Laboratory Reporting. Laboratories are required to report to the local health authority patients who tested positive for HBsAg or IgM antibodies to hepatitis B core antigen.
f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Added at 25 Ill. Reg. 3937, effective APR 7 '01)

Section 690.452 Hepatitis C Infection (Reportable by mail, telephone, facsimile or electronically, within 7 days)

a) Incubation Period - 2 weeks to 6 months, usually 6 to 9 weeks.
b) Control of Case.
   1) Use universal precautions (see Section 690.1010(a)(1)) or an equivalent isolation procedure (see Section 690.1010(a)(16)).
   2) Concurrent disinfection is required of equipment contaminated with blood (see Section 690.1000(e)(1)).
   3) Terminal cleaning is not required.
c) Control of Contacts. No restrictions. Quarantine is not indicated.
d) General Measures.
   1) Patients with a history of hepatitis C or a positive laboratory test for hepatitis C should be advised not to donate blood, body organs, other tissue or semen.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

   2) Members of the public who may be recommended for testing are included in the "Recommendations for Prevention and Control of Hepatitis C Infection and HCV-Related Chronic Disease" (see Section 690.1010(a)(13)).
e) Laboratory Reporting. Laboratories are required to report to the local health authority patients testing positive for hepatitis C by polymerase chain reaction, recombinant immunoblot assay or any other supplemental or confirmatory test that may be used.
f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on patients whose infections are verified by a supplemental or confirmatory test.

(Source: Added at 25 Ill. Reg. 3937, effective APR 7 '01)

Section 690.453 Hepatitis, Viral, Other (Reportable by mail, telephone, facsimile or electronically, within 7 days)

a) Incubation Period - 2 to 8 weeks for hepatitis D; 15 to 64 days for hepatitis E; unknown for other types of viral hepatitis.
b) Control of Case.
   1) For hepatitis D same as Section 690.451(b).
   2) Control measures should be designed according to the etiology indicated by the epidemiological evidence.
c) Control of Contacts.
   1) No restrictions and no quarantine are required for hepatitis D.
   2) A person exposed to cases and carriers of hepatitis D should be given prophylaxis as recommended in "Protection Against Viral Hepatitis" (see Section 690.1010(a)(3)).
   3) Infants born to women known to be currently infected with the delta virus agent should be given prophylaxis according to "Protection Against Viral Hepatitis" (see Section 690.1010(a)(3)).
d) General Measures. Patients with a history of hepatitis D or whose blood has been tested positive for exposure to the delta agent must never be blood donors.
e) Laboratory Reporting. Laboratories are required to report to the local health authority patients with hepatitis D antibodies.
f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If a patient is found to be a carrier, only a morbidity card needs to be submitted.

(Source: Added at 25 Ill. Reg. 3937, effective APR 7 '01)

Section 690.460 Histoplasmosis (Reportable by mail, ~~or~~ telephone, facsimile or

electronically as soon as possible, within 7 days)

a) Incubation Period - In reported epidemics, symptoms appear within 5 to 18 days after exposure, commonly 10 days.
b) Control of Case
   1) Isolation is not required.
   2) Concurrent disinfection of sputum and articles soiled with sputum is required. (See Section 690.1000(e)(1).)
   3) Terminal cleaning is required. (See Section 690.1000(e)(2).)
c) Control of Contacts. There are no restrictions on contacts.
d) General Measures.
   1) Household ~~investigate household~~ contacts or occupational contacts who have systemic symptoms should be investigated. If multiple cases are identified, the local health authority should look for evidence of infection from a common environmental source.
   2) Exposure ~~Minimize exposure~~ to dust and soil should be minimized around chicken coops and areas heavily contaminated with bird droppings. Dust should be controlled ~~Control dust~~ in enclosed areas by spraying with water or oil. ~~Wear mask in handling contaminated dusts and soils.~~
   3) An industrial hygienist or environmental engineering specialist and the local health department should be consulted for environmental cleanup recommendations. Local health departments can consult with the Department's Environmental Health Division. ~~Three applications of 3% formaldehyde to known contaminated areas at the rate of 1/3 gal. per square foot per application will destroy the spores.~~
e) Laboratory Reporting. ~~4)~~ Laboratories are required to report to the local health authority patients from whom Histoplasma capsulatum ~~*Histoplasma capsulatum*~~ has been cultured. Laboratories are also required to report to the local health authority patients with a significant (criteria for significance should be determined by each laboratory) positive histoplasma antibody test result.
f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. 3937, effective APR 7 1901)

Section 690.470 Intestinal Worms (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)

~~a) Tapeworms (Taeniasis) Beef or Pork Tapeworms~~
~~1) Incubation Period From 8 to 14 weeks.~~
~~2) Control of Case~~
~~A) Isolation is not required, but patients with T. solium shall be excluded from food handling until negative for T. solium eggs.~~
~~B) Concurrent disinfection is required by sanitary disposal of feces. For T. solium, rigid sanitation with washing of hands after defecation and before eating.~~
~~C) Terminal cleaning is not required.~~
~~3) Control of Contacts. There are no restrictions for contacts.~~
~~4) Sale of Food, Milk, etc. (See Section 690.1000(f))~~
~~5) General Measures~~
~~A) Avoid ingestion of raw or undercooked pork or beef.~~
~~B) Educate the public not to contaminate soil with feces in rural areas. Deny hogs access to latrines or human feces. Cook all garbage before feeding to hogs.~~
~~C) Avoid use of sewage for pasture irrigation.~~
~~b) Ascariasis~~
~~1) Incubation Period Worms reach maturity about 2 months after embryonated eggs are ingested by man.~~
~~2) Control of Case~~
~~A) Isolation is not required.~~
~~B) Concurrent disinfection is required by sanitary disposal of feces.~~
~~C) Terminal cleaning is not required.~~
~~3) Control of Contacts. There are no restrictions for contacts.~~
~~4) Sale of Food, Milk, etc. (See Section 690.1000(f))~~
~~5) General Measures~~
~~A) Proper disposal of feces and prevention of soil contamination near houses and in play areas of children.~~
~~B) Proper construction of rural privies to prevent scattering of ova through overflow.~~
~~C) Educate all persons, especially children, in proper hand washing practices.~~

(Source: Repealed at 25 Ill. Reg. 3937, effective APR 7 1901)

Section 690.475 Legionnaires' Disease (Legionellosis) (Reportable by mail, or telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period - 2 to 10 days, most often 5 to 6 days. With the Pontiac Fever form - 5 to 66 hours, most often 24-48 hours.
b) Control of Case.
   1) Isolation is not required.
   2) Concurrent disinfection is not required.
   3) Terminal cleaning is not required.
c) Control of Contacts.
   1) Quarantine is not indicated.
   2) Immunization of contacts is not indicated because there are no vaccines available.
d) General Measures.

1) The local health authority should investigate cases to determine potential common exposures.
2) ~~1)~~ Cooling towers should be drained when not in use.
3) ~~2)~~ Cooling towers should be cleaned periodically to remove scale and sediment and a biocide should be used to prevent the growth of slime-forming organisms.

e) Laboratory Reporting. ~~3)~~ Laboratories are required to report to the local health authority patients from whom Legionella ~~*legionella*~~ species is cultured. Laboratories are also required to report to the local health authority patients with a four-fold or greater increase in legionella antibody titer, a positive urine antigen test, or a positive polymerase chain reaction.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. 3937, effective APR 1 1001)

Section 690.480 Leprosy (Hansen's Disease) (infectious and non-infectious cases are reportable) (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period - Ranges from 9 months to 20 years; average is 4 years for tuberculoid leprosy and 8 years for lepromatous leprosy.

b) Control of Case.
1) No isolation is required for tuberculoid leprosy. Contact isolation (see Section 690.1010(a)(1)) or an equivalent isolation procedure (see Section 690.1010(a)(16)) is required during hospitalization ~~is required~~ for lepromatous leprosy.
2) Infectious patients may return to school or work after continuous treatment for a specified period with antimicrobial agents. Infectious patients are non-infectious after three months of continuous treatment with dapsone or clofazimine or within three days of continuous treatment with rifampin.
3) Concurrent disinfection of discharges and articles soiled by nasal discharges of infectious patients is required. (See Section 690.1000(e)(1).)
4) Terminal cleaning (see Section 690.1000(e)(2)) is required.
~~5) Laboratories are required to report to the local health authority patients from whom Mycobacterium leprae has been identified.~~

c) Control of Contacts. There are no restrictions for contacts. However, contacts should be examined for secondary cases. Initial examination should be made at time case is discovered and periodic examinations at yearly intervals thereafter for five years after last contact with an infectious case.

d) Laboratory Reporting. Laboratories are required to report to the local health authority patients from whom Mycobacterium leprae has been identified.

e) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. 3937, effective APR 1 1001)

Section 690.490 Leptospirosis (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period - 4 ~~Four~~ to 19 days, usually 10 days.

b) Control of Case.
1) Universal precautions, blood and body fluid precautions, ~~or~~ disease-specific precautions (see Section 690.1010(a)(1)) or any other equivalent isolation procedure (see Section 690.1010(a)(16)) of blood and urine are required during hospitalization.
2) Concurrent disinfection of discharged urine is required. Where sewage disposal systems are adequate, urine may be discharged directly into sewers without preliminary disinfection. (See Section 690.1000(e)(1).)
3) Terminal cleaning is not required.

c) Control of Contacts. There are no restrictions on contacts.

d) General Measures.
1) If multiple cases are identified, the local health authority should look for evidence of infection from a common environmental source.
2) ~~1)~~ Protective ~~Use--protective~~ boots and gloves should be used when there is contamination of area by urine from infected animals.
3) ~~2)~~ Rodents should be controlled ~~Control rodents.~~
4) ~~3)~~ Infected ~~Segregate--infected~~ domestic animals should be segregated to avoid urine contamination of areas where persons work.
5) ~~4)~~ The ~~Warn the~~ public should be advised not to swim ~~against swimming~~ in waters accessible to wild or domestic animals, particularly if they have skin abrasions.
6) The public should be advised to avoid taking untreated recreational water into their mouths or swallowing such water.

e) Laboratory Reporting. ~~5)~~ Laboratories are required to report to the local health authority patients from whom Leptospira ~~*leptospira*~~ species has been cultured. Laboratories are also required to report to the local health authority patients with a significant (each laboratory will determine criteria for significance) antibody titer against leptospires.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 25 Ill. Reg. 3937, effective _____)

Section 690.495 Listeriosis (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period - Variable; probably 3 to 70 days; average of 21 days.
b) Control of Case.
   1) Enteric precautions, ~~or~~ disease-specific precautions (see Section 690.1010(a)(1)) or isolation procedures (see Section 690.1010(a)(16)) required until clinical recovery.
   2) Concurrent disinfection is not required.
   3) Terminal cleaning is not required.
c) Control of Contacts. No restrictions.
d) General Measures.
   1) The local health authority should investigate clusters of cases to determine potential common exposures.
   2) All dairy products, except those that are aged for 60 days or longer, should be pasteurized; soft cheeses made with unpasteurized milk have been associated with past listeriosis outbreaks.
   3) Contamination of ready-to-eat foods by uncooked meats or poultry should be avoided.
   4) The local health authority should educate the public that thorough reheating of potentially contaminated left over foods is advisable, because Listeria ~~*listeria*~~ can multiply at refrigerator temperatures.
   5) Pregnant women and immunocompromised individuals should be advised to eat only properly cooked meats and pasteurized dairy products. They should also avoid contact with potentially infective materials, such as aborted animal fetuses on farms.
e) Laboratory Reporting. ~~5)~~ Laboratories are required to report to the local health authority patients from whom Listeria monocytogenes ~~*listeria monocytogenes*~~ has been cultured from a normally sterile site.
f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. 3937, effective _____)

Section 690.505 Lyme Disease (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period - From 3-32 days after tick exposure for the appearance of erythema migrans (EM). In the absence of EM, incubation periods are extremely variable for early disseminated or later stage

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

disease and signs and/or symptoms can appear weeks to months to years following Borrelia burgdorferi infection; objective diagnosis aids in eliminating other conditions and disorders manifesting the same symptoms as Lyme disease.
b) Control of Case.
   1) Isolation is not required.
   2) Concurrent disinfection is not required.
   3) Terminal cleaning is not required.
   4) Ticks must be carefully removed from the patient.
c) Control of Contacts.
   1) Quarantine does not apply.
   2) Immunization of contacts does not apply.
d) General Measures.
   1) The local health authority should investigate cases to determine the source of their tick exposures.
   2) The local health authority should be educated about tick avoidance, and prevention measures for tickborne diseases, including use of tick repellents and proper removal of ticks.
   3) The public should be educated as to the mode of transmission and methods of prevention of Lyme disease.
e) Laboratory Reporting. ~~3)~~ Laboratories are required to report to the local health authority patients from whom Borrelia burgdorferi ~~*Borrelia burgdorferi*~~ has been cultured and patients with significant Borellia burgdorferi enzyme immunoassay or immunofluorescent assay test result followed by a significant Western blot result (significance determined by the Second National Conference on Serologic Diagnosis of Lyme Disease, Section 690.1010(a)(17)).
f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Amended at 25 Ill. Reg. 3937, effective _____)

Section 690.510 Malaria (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period - Average 12 days for Plasmodium falciparum ~~*P. falciparum*~~, 14 days for P. vivax ~~*P. vivax*~~ and P. ovale ~~*P. ovale*~~, and 30 days for P. malariae ~~*P. malariae*~~. With some strains of ~~for~~ P. vivax ~~*P. vivax*~~, there may be a protracted incubation period of 8 to 10 months. With infection by blood transfusion, incubation is usually short, but varies with the number of parasites in the transfused blood.
b) Control of Case.
   1) Universal precautions, disease specific precautions (see Section 690.1010(a)(2)) or equivalent isolation procedures (see Section 690.1010(a)(16)) are required for the duration of the illness.

Patients should be in mosquito-proof areas at night.

2) Concurrent disinfection is not required.

3) Terminal cleaning is not required.

c) Control of Contacts. There are no restrictions on contacts. If a history of needle-sharing is obtained from the case, all persons who share the equipment should be investigated and treated.

d) General Measures.

1) Known ~~Empioy---known~~ effective measures against anopheline mosquitoes should be employed.

2) Sleeping ~~Screen-sleeping~~ and living quarters should be screened; ~~use---of~~ mosquito nets and repellents should be used when applicable.

3) The ~~Educate-the~~ public should be educated as to the mode of transmission and methods of prevention of malaria.

4) Appropriate ~~Prescribe--appropriate~~ chemoprophylaxis should be prescribed for all travelers to malarious areas.

5) Blood ~~Question-blood~~ donors should be questioned as to history of malaria or possible exposure to the disease.

e) Laboratory Reporting.

1)~~6~~ Laboratories are required to report to the local health authority patients from whom Plasmodium species have been identified or for whom polymerase chain reaction is positive.

2)~~7~~ Laboratories are required to forward to the ~~Illinois~~ Department's ~~Department-of-Public--Health~~ laboratory slides of blood specimens found to contain malaria parasites for speciation.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. 3937, effective ~~/~~)

Section 690.520 Measles (Reportable by telephone as soon as possible, within 24 hours)

a) Incubation Period - About 10 days, varying from 8 to 13 days, exposure to onset of fever; about 14 days until rash appears; uncommonly longer or shorter. Late measles immune serum globulin inoculation in attempted passive protection may extend incubation to 21 days.

b) Control of Case.

1) Respiratory isolation or an equivalent isolation procedure (see Section 690.1010(a)(1) or Section 690.1010(a)(16)) ~~Isolation~~ is required in hospitalized patients from diagnosis until 4 days after appearance of rash. Children with measles should be kept out of school for at least 4 days after appearance of the rash.

2) Concurrent disinfection is required of all articles soiled with secretions of nose and throat. (See Section 690.1000(e)(1).)

c) Control of Contacts. Passive immunization in the form of immune serum globulin, 0.1 cc. per lb. of body weight, should be considered for all unimmunized susceptible close contacts to cases, especially infants under 1 year of age. When gamma globulin is used, it should be followed by active immunization as soon as possible (6-8 weeks). Live-virus vaccine, if given within 72 hours after exposure, may provide protection.

d) Measles Outbreak Control.

1) Personnel in each attendance center responsible for investigating absenteeism must report suspected cases of measles to the school principal or the school nurse immediately.

2) On the same day that a report of a suspected case of measles is received, school personnel shall conduct an inquiry into absenteeism to determine the existence of any other cases of the illness in the suspect case's class and school.

3) A telephone report must be made by the school officials within 24 hours ~~the--same--day~~ to the local health authority, either a full-time official health department as recognized by the ~~Illinois~~ Department ~~of--Public-Health~~ or regional office of the ~~Illinois~~ Department ~~of-Public-Health~~ specifying the name, age, and sex of any case. The name of the case's private physician, if any, shall also be reported. The State ~~state~~ or local health department must be contacted by school personnel and involved in the investigation of the outbreak so that all necessary vaccination services are assured.

4) A notice must be sent home with each student who has not presented proof of immunity explaining that the student is to be excluded, effective the following morning, until acceptable proof of immunity is received by the school or until 21 days after the onset of the last reported measles case ~~in-the-case-of-medical-or religious-exemptions~~. Acceptable proof shall consist of:

A) a written record from the student's physician or a health professional which indicates dates of vaccination and type of vaccine administered; or

B) a statement from a physician indicating date when student had measles; or

C) a laboratory report indicating the student has a protective measles antibody titer ~~titre of 1:16 or greater~~ as measured by a test with demonstrable reliability. ~~the Hemagglutination-Inhibition-test-(or-a-comparable-test).~~

e) General Measures. Active immunization should be given as soon as possible after 12 ~~15~~ months of age, with a second dose given after 30 days or ~~and--in--any--event~~ prior to admission to any school or group-care setting. When measles is prevalent in a community, monovalent measles vaccine may be given to infants 6-11 months old ~~at any-time-beginning-at-age-six-months~~. When vaccine is ~~If~~ given prior to ~~before~~ the age of 12 ~~15~~ months, a second dose must be given after 12 months of age and a third dose at school age ~~it-should-be--repeated~~

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

~~at 15 months of age.~~

(Source: Amended at 25 Ill. Reg. 3937, effective _____)

Section 690.530 Meningitis, Aseptic (Including Arboviral Infections) ~~and Other Invasive Disease Due to Neisseria meningitidis or Haemophilus influenzae~~ (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days ~~24 hours), Meningitis Due to Other Bacteria, Fungi and Protozoa, and Aseptic Meningitis (Reportable by mail or telephone as soon as possible, within 7 days)~~

~~a) Meningitis and Other Invasive Disease Due to Neisseria meningitidis~~
~~1) Incubation Period Varies from 2 to 10 days, commonly 3 to 4 days.~~
~~2) Control of Case~~
~~A) Respiratory isolation (see Section 690.1010(a)(1)) is required until 24 hours after start of chemotherapy.~~
~~B) Concurrent disinfection of secretions of nose and throat is required. (See Section 690.1000(e)(1))~~
~~C) Terminal cleaning is required. (See Section 690.1000(e)(2))~~
~~3) Control of Contacts~~
~~A) No restrictions.~~
~~B) Close clinical observation is the single most effective protective measure. Selective chemoprophylaxis may be desirable, the choice of agent should depend on the most recent available information regarding current sensitivity patterns and safety.~~
~~4) General Measures~~
~~A) Overcrowding should be prevented in living quarters, working quarters, public conveyances, especially barracks, camps and ships.~~
~~B) Vaccination should be considered in selected outbreaks depending on serogroup of the agent and the latest information regarding efficacy.~~
~~C) Laboratories are required to report to the local health authority each patient from whom Neisseria meningitidis has been isolated from a normally sterile site.~~
~~D) Laboratories are required to submit Neisseria meningitidis isolates to the Illinois Department of Public Health laboratory for serogrouping, unless the submitting laboratory has performed serogrouping on the organism.~~
~~b) Meningitis and Other Invasive Disease Due to Haemophilus influenzae~~
~~1) Incubation Period Unknown, most likely 2 to 4 days.~~
~~2) Control of Case~~
~~A) Respiratory isolation or disease specific precautions (see Section 690.1010(a)(1)) are required until 24 hours after chemotherapy started.~~

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

~~B) Concurrent disinfection is not required.~~
~~C) Terminal cleaning is not required.~~
~~3) Control of Contacts~~
~~A) No restrictions.~~
~~B) Observe contacts less than 6 years of age, especially infants, for signs of illness, especially fever.~~
~~C) Selective chemoprophylaxis may be desirable for household contacts in households where there are other children under four years of age, except in households where all children under four years of age are fully vaccinated against Haemophilus influenzae type b disease. Chemoprophylaxis is also recommended in day care center classrooms where a case has occurred and children under two years of age have been exposed.~~
~~4) General Measures~~
~~A) All infants should be vaccinated against Haemophilus influenzae disease according to the latest recommendations of the Immunization Practices Advisory Committee. (See Section 690.1010(a)(1))~~
~~B) Laboratories are required to report to the local health authority patients from whom Haemophilus influenzae has been cultured from a normally sterile site. Hospitals are also required to forward to the Illinois Department of Public Health laboratory all Haemophilus influenzae isolates from normally sterile sites for typing, unless the submitting laboratory has typed the organism.~~
~~c) Other Bacterial, Fungal and Protozoal Meningitis (such as leptospiral, listerial, pneumococcal, syphilitic, streptococcal, tuberculous, unspecified). Laboratories are required to report to the local health authority patients from whom one of the above organisms was identified in cerebrospinal fluid.~~
~~d) Aseptic (Viral groups due to Coxsackie, ECHO and some other viruses) (Agency Note: Laboratory efforts to identify the etiologic agent should be made.)~~
a) ~~1)~~ Incubation Period - Varies with the specific infectious agent.
b) ~~2)~~ Control of Case.
1) ~~A) Isolation of all cases is required during febrile period.~~ Enteric precautions (Section 690.1010(a)(1)) or equivalent isolation procedures (Section 690.1010(a)(16)) are indicated for 7 days after onset of illness unless a non-enteroviral diagnosis is established.
2) ~~B)~~ Concurrent disinfection is required of eating and drinking utensils and articles soiled by excretions and secretions of patient. (See Section 690.1000(e)(1).)
c) ~~3)~~ Control of Contacts. There are no restrictions for contacts.
d) ~~4)~~ General Measures.
1) During summer months, cases should have acute and convalescent serum specimens collected and tested for arbovirus antibodies.

Cerebrospinal fluid should also be submitted to the State laboratory for arboviral and enteroviral studies.

2) An environmental investigation should be performed by the local health authority at sites of possible mosquito exposure of a case of California encephalitis to eliminate mosquito breeding sites, such as discarded tires.

3) Persons should be encouraged to use proper hand washing procedures.

e) Laboratory Reporting.

1) Laboratories are required to report to the local health authority meningitis patients from whom a virus was cultured.

2) Laboratories are required to submit virus isolates from meningitis patients to the Department's laboratory for typing.

3) Laboratories are required to report persons with suspected meningitis who also have pleocytosis of the cerebrospinal fluid, even in the absence of a positive culture. Local health authorities will then investigate to determine if the case represents a reportable form of meningitis or if additional specimens need to be collected to determine if the case may be an arboviral infection.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority for all reportable meningitis cases.

AGENCY NOTE: Laboratory efforts to identify the etiologic agent should be made.

~~A) Laboratories are required to report to the local health authority meningitis patients from whom a virus was cultured.~~

~~B) Laboratories are required to submit virus isolates from meningitis patients to the Illinois Department of Public Health laboratory for typing.~~

~~C) During summer months, cases should have acute and convalescent serum specimens collected and tested for as possible antibodies.~~

(Source: Amended at 25 Ill. Reg. 3997, effective APR - 1 2001)

Section 690.550 Mumps (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period - 12 to 26 days, commonly 18 days.

b) Control of Case.

1) Respiratory isolation or an equivalent isolation procedure (see Section 690.1010(a)(1) or 690.1010(a)(16)) and a private room are ~~Isolation is~~ required for 9 days after salivary gland involvement. Exclusion from school or workplace is required until 9 days after salivary gland involvement, if susceptible

contacts (those not immunized) are present.

2) Concurrent disinfection is required of eating and drinking utensils and of articles soiled with secretions of nose and throat. (See Section 690.1000(e)(1).)

c) Control of Contacts. Susceptible contacts should be excluded from school or the workplace from the 12th through the 25th day after exposure if other susceptible persons are present in those settings. ~~No restrictions.~~

d) General Measures. Active immunization should be given as soon as possible after 12 ~~15~~ months of age and may be ~~when~~ given as part of a ~~in combination with measles~~ (measles-mumps-rubella (MMR) combined vaccine). ~~Single antigen mumps or mumps/rubella may be given after 12 months of age.~~

(Source: Amended at 25 Ill. Reg. 3997, effective APR - 1 2001)

Section 690.555 Neisseria Meningitidis, Meningitis and Invasive Disease (Reportable by telephone as soon as possible, within 24 hours)

a) Incubation Period - Varies from 2 to 10 days, commonly 3 to 4 days.

b) Control of Case.

1) Respiratory isolation (see Section 690.1010(a)(1)) or an equivalent isolation procedure (Section 690.1010(a)(16)) is required until 24 hours after start of chemotherapy.

2) Concurrent disinfection of secretions of nose and throat is required and of articles contaminated with secretions of nose or throat. (See Section 690.1000(e)(1).)

3) Terminal cleaning is required. (See Section 690.1000(e)(2).)

c) Control of Contacts.

1) There are no restrictions on contacts.

2) Close clinical observation is the single most effective protective measure. Daycare contacts to cases should be given chemoprophylaxis. Household contacts and people close enough to have had an exposure to the ill person's respiratory tract secretions should be given appropriate chemoprophylaxis. Healthcare workers should be given chemoprophylaxis only if they have had prolonged, direct contact with oral secretions (i.e., unprotected mouth-to-mouth resuscitation or inadvertent spray onto mucous membranes.) Selective chemoprophylaxis may be desirable in other situations; the choice of agent should depend on the most recent available information regarding current sensitivity patterns and safety. Local health authorities can be consulted about chemoprophylaxis recommendations.

d) General Measures.

1) Overcrowding should be prevented in living quarters, working quarters, and public conveyances, especially barracks, camps and ships.

2) The public should be educated about the need to reduce direct contact and exposure to droplets of respiratory tract secretions and to properly dispose of articles contaminated with nose or throat secretions.

3) Vaccination should be considered in selected outbreaks following guidelines in "Control and Prevention of Meningococcal Disease and Control and Prevention of Serogroup C Meningococcal Disease: Evaluation and Management of Suspected Outbreaks" (see Section 690.1010 (a)(11)).

e) Laboratory Reporting.

1) Laboratories are required to report to the local health authority each patient from whom Neisseria meningitidis has been isolated from a normally sterile site and patients with a positive antigen test from cerebrospinal fluid.

2) Persons with physician diagnosed purpura fulminans shall also be reported to the local health authority.

3) Laboratories are required to submit Neisseria meningitidis isolates to the Department's laboratory for serogrouping, unless the submitting laboratory has performed serogrouping on the organism.

f) Reporting of cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Added at 25 Ill. Reg. ~~3937~~, effective Apr. 1, 2001)

Section 690.560 Ophthalmia Neonatorum (Gonococcal) (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)

~~a) Incubation Period--Usually 36 to 48 hours.~~

~~b) Control of Case~~

~~1) Isolation is required for the first 24 hours after administration of antibiotic.~~

~~2) Concurrent disinfection is accomplished by care in disposal of conjunctival discharges and articles soiled therewith. (See Section 690.1000(e)(1))~~

~~3) Terminal cleaning is required. (See Section 690.1000(e)(2))~~

~~c) Control of Contacts. There are no restrictions for contacts.~~

~~General Measures. *It shall be the duty of any physician, midwife or nurse who attends or assists at the birth of a child, to instill or have instilled in each eye of the newborn baby, as soon as possible and not later than one hour after birth, a one percent (1%) solution of silver nitrate or some other equally effective prophylactic for the prevention of ophthalmia neonatorum approved by the State Department of Public Health.* (Section 2 of the Infant Eye Disease Act (410 ILCS 215/2))~~

~~The Illinois Department of Public Health approves 1% silver nitrate solution or ophthalmic ointment or drops containing tetracycline or erythromycin as a prophylactic for ophthalmia neonatorum.~~

~~It is the duty of all hospitals and places of childbirth to maintain such records of cases of ophthalmia neonatorum in the manner and form prescribed by the Department of Public Health.~~

~~If gonorrhea is suspected, antepartum treatment of the mother is recommended.~~

~~4) The local health authority shall investigate the source of infection pursuant to the Control of Sexually Transmissible Diseases Code, 77 Ill. Adm. Code 693.~~

(Source: Repealed at 25 Ill. Reg. ~~3937~~, effective Apr. 1, 2001)

Section 690.570 Plague (Reportable by telephone ~~immediately as soon as possible~~, within ~~3~~ 24 hours upon initial clinical suspicion of the disease)

a) Incubation Period - From 2 to 6 days in bubonic plague, 1 to 6 days in pneumonic plague; may be shorter, rarely longer.

b) Control of Case.

~~1) Placarding of premises is required if patient has household contacts.~~

1)~~2)~~ Isolation is required. Hospitalize all patients. Cases and their clothing should be treated to get rid of fleas.

A) For patients with bubonic plague who have no cough and have a normal chest x-ray, drainage/secretion precautions or equivalent isolation procedures or disease-specific precautions are required for 48 hours ~~three days~~ after start of chemotherapy. (See Section 690.1010(a)(1) or Section 690.1010(a)(16).)

B) For patients with pneumonic plague, strict isolation with precautions against airborne spread or an equivalent isolation procedure is required until 48 hours ~~three full days~~ of chemotherapy have been completed and the patient has a favorable clinical response. (See Section 690.1010(a)(1) or Section 690.1010(a)(16).)

C) Concurrent disinfection of sputum, purulent discharge and articles soiled with either of these substances is required. (See Section 690.1000(e)(1).)

D) Terminal cleaning is required. (See Section 690.1000(e)(2).)

E) Bodies of persons who have died with plague shall be handled with strict aseptic precautions. (See Section 690.1200.)

c) Control of Contacts.

1) Contacts to pneumonic plague cases shall be offered chemoprophylaxis and placed under surveillance quarantined for 7 days with close observation for developing illness. For contacts

who refuse chemoprophylaxis, strict isolation is required for 7 days.

2) Contacts to bubonic plague shall be disinfected with an appropriate insecticide ~~powder~~ and kept under surveillance for 7 days. Contacts to bubonic plague should be offered chemoprophylaxis.

d) General Measures.

1) Intensive flea control, followed by extermination of rats by poisoning and trapping and ratproofing in urban areas. Surveys and inspection in rural areas to detect sylvatic plague. Rodent control should be emphasized.

2) Active immunization with killed vaccine of travelers or workers in known infected areas - repeated in 6 months if remaining in the area. Immunization alone must not be relied on while neglecting measures to control rats and fleas. Immunization upon arrival in infected country may be recommended.

3) Hunters should be cautious of being bitten by insects (particularly fleas) on ~~from~~ rabbits and other rodents which they may handle.

e) Laboratory Reporting.

1)~~4~~ Laboratories are required to report to the local health authority patients from whom Yersinia pestis ~~*Yersnia pestis*~~ is cultured or patients with a positive antibody test.

2) Laboratories are required to submit Yersinia pestis isolates to the Department's laboratory.

f) Reporting of Cases. A narrative report and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Amended at 25 Ill. Reg. 8997, effective _____)

Section 690.580 Poliomyelitis (Reportable by telephone as soon as possible, within 24 hours)

a) Confirm etiologic agent by submitting fecal specimens for virus isolation, and acute and convalescent phase serum specimens to a laboratory acceptable to the ~~Illinois~~ Department ~~of Public Health~~ as soon as possible.

b) Incubation Period - Commonly 7 to 12 days, with a range from 3 to 21 days.

c) Control of Case.

1) Isolation at home is of little value because spread of infection is greatest in the prodromal period. Isolation procedures for hospitalized cases are stated in the latest edition of the manual entitled, "CDC Guideline for Isolation Precautions ~~Isolation Techniques for Use~~ in Hospitals" (see Section 690.1010(a)(1)), ~~U.S. Department of Health, Education and Welfare, Public Health~~

~~Service~~.

2) Concurrent disinfection is required of throat discharges, feces and articles soiled therewith. Where sewage disposal systems are adequate, feces and urine may be discharged directly into sewers without preliminary disinfection. (See Section 690.1000(e)(1).)

d) Control of Contacts.

1) No restrictions. Keep susceptible children who are contacts under surveillance for two weeks from date of last exposure.

2) Immunization of familial and other close contacts who have not previously been adequately immunized with polio vaccine ~~TOPV (trivalent oral polio vaccine)~~ is indicated, even though the susceptible contacts ~~susceptibles~~ in these groups have probably been infected by the time the disease is recognized. Children with limited exposure, such as exposure at school or to a neighbor, should be offered polio vaccine ~~TOPV~~ if they have not previously received a complete course.

e) General Measures.

1) Immunization with polio vaccine ~~TOPV~~ should be performed as soon as possible after the age of two months. Children should be fully immunized prior to admission to any school or group-care setting.

2) See "General Recommendations on Immunizations" from the Centers for Disease Control and Prevention (CDC), (see ~~See~~, Section 690.1010(a)(4)), reprinted in "Who Needs Them? Everybody!", Circular No. 1005.1, Illinois Department of Public Health.

(Source: Amended at 25 Ill. Reg. 8997, effective _____)

Section 690.590 Psittacosis (Ornithosis) (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period - 1 to 4 weeks ~~From 4 to 15 days, commonly 10 days~~.

b) Control of Case.

1) Isolation is not required. Patients should cover their mouths when coughing.

2) Concurrent disinfection of oral and nasal secretions is required. (See Section 690.1000(e)(1).)

3) Terminal cleaning is required. (See Section 690.1000(e)(2).)

c) Control of Contacts. There are no restrictions on contacts.

d) Control of Infected Birds and Premises.

1) The local health authority should investigate the case's bird contact and provide this information to the Illinois Department of Agriculture.

2)~~1~~ Trace origin of infected birds. Laboratory examination is desirable.

3)~~2~~ Buildings housing infected birds should not be used by humans ~~man~~ until thoroughly cleaned and disinfected.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

e) The following shall apply to the sale of birds within the State of Illinois:
   1) All persons dealing in psittacine birds shall keep a record of each transaction for at least two years; such record shall include the number of birds purchased or sold, the date of the transaction, the number and address of the person or agency from whom purchased or to whom sold.
   2) In addition to the above, such records shall include the type and period of treatment, antibiotic or other, which may have been administered, and records of all tests for psittacosis which may have been conducted prior to sale or exchange.
   3) All records as described in subsections (e)(1) and (2) of this Section shall be available for official inspection at all times.

f) The following Food and Drug Administration interstate transportation regulations for psittacine birds ~~U.S. Interstate Quarantine Regulations~~ (21 CFR 1240.65) pertaining to the shipment and transportation of birds of the psittacine family shall be followed:
   1) The term psittacine birds shall include all birds commonly known as parrots, Amazons, Mexican double heads, African grays, cockatoos, macaws, parakeets, love birds, lories, lorikeets, and all other birds of the psittacine family.
   2) No person shall transport, or offer for transportation, in interstate traffic, any psittacine bird unless the shipment is accompanied by a permit from the state health department of the state of destination, where required by such department.
   3) Whenever the Surgeon General finds that psittacine birds or human beings in any area are infected with psittacosis and there is such danger of transmission of psittacosis from such area as to endanger the public health, he may declare it an area of infection. No person shall thereafter transport, or offer for transportation, in interstate traffic any psittacine bird from such area, except shipments authorized by the Surgeon General for purposes of medical research and accompanied by a permit issued by him, until the Surgeon General finds that there is no longer any danger of transmission of psittacosis from such area. As used in this subsection (f)(3) ~~paragraph~~, the term "area" includes, but is not limited to, specific premises or buildings.
   4) No permit, referenced in subsection (f)(2) of this Section, is required for the admission of psittacine birds into the State of Illinois by the Department.

g) Laboratory Reporting. Laboratories are required to report to the local health department patients from whom Chlamydia psittaci ~~*Chlamydia psittaci*~~ has been isolated and patients with significant antibody titers to this organism. Each laboratory will determine the definition of a significant titer.

h) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 25 Ill. Reg. 8937, effective _____)

Section 690.595 Q-fever (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)

a) Incubation Period - 2 to 3 weeks.
b) Control of Case.
   1) No isolation required.
   2) Concurrent disinfection of sputum, blood and articles in contact with sputum or blood; 0.05% hypochlorite, 5% peroxide or a 1:10 solution of Lysol should be used.
   3) Use precautions at postmortem examination of suspected cases in humans or animals.
   4) The local health authority should investigate cases to determine history of contact with sheep, cattle or goats, parturient cats, consumption of raw milk, or contact with laboratory cultures of Coxiella burnetti.
c) Control of Contacts. Immunization of contacts is unnecessary.
d) General Measures.
   1) Pasteurized dairy products only should be consumed.
   2) Vaccination can be considered for those at high risk (laboratory workers working with C. burnetti, researchers working with pregnant sheep).
e) Laboratory Reporting. Laboratories are required to report to the local health authority patients from whom C. burnetti is isolated or who have positive serology for Q-fever.
f) Reporting of Cases. A narrative report and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Added at 25 Ill. Reg. 8937, effective _____)

Section 690.600 Rabies, Human (Reportable by telephone as soon as possible, within 24 hours)

a) Incubation Period - Usually 2 to 8 weeks, occasionally shorter or much longer; depends on extent of laceration, site of wound in relation to richness of nerve supply and distance from brain, amount of virus introduced, protection provided by clothing, and other factors.
b) Control of Case
   1) Immediate transfer to a specialized hospital and consultation may be lifesaving.
   2) Universal precautions, contact isolation, or disease-specific precautions for respiratory secretions are required for duration of illness. A private room is required. (See Section 690.1010(a)(1).)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

3) Concurrent disinfection is required of saliva and articles soiled therewith. Immediate attendants must be provided with impervious gloves and protective gowns to avoid inoculation with patient's saliva. (See Section 690.1000(e)(1).)
4) Terminal cleaning is required. (See Section 690.1000(e)(2).)

c) Control of Contacts. Contacts who have open wound or mucous membrane exposure to the case's saliva shall be offered rabies prophylaxis.

d) General Measures. See Section 690.601 (Rabies, Potential Human Exposure). ~~See "Animal Bites", Section 690.310.~~

(Source: Amended at 25 Ill. Reg. 3937, effective [illegible])

Section 690.601 Rabies, Potential Human Exposure (Reportable by telephone, within 24 hours)

a) Reporting. Definition of exposed person to be reported:
1) Any contact (bite or non-bite) to a bat, or
2) Any contact (bite or non-bite) to an animal that subsequently tests positive for rabies virus infection, or
3) Anyone who was started on rabies post-exposure prophylaxis, or
4) Exposure to saliva from a bite, or contact of any abrasion or mucus membrane with brain tissue or cerebrospinal fluid of any suspect rabid animal. Exposure to healthy rabbits, small rodents, indoor-only pets or rabies-vaccinated dogs, cats or ferrets is excluded, unless the exposure complies with subsections (a)(1) through (a)(3) above, or the animal displays signs consistent with rabies.

b) Investigations. All known instances of potential rabies exposure should be investigated promptly by the local health authority to determine whether rabies post-exposure prophylaxis for the exposed person should be recommended.

c) Rationale of rabies post-exposure prophylaxis. Rabies post-exposure prophylaxis is discussed more fully in an Advisory Committee on Immunization Practices document incorporated in this Part (see Section 690.1010(a)(10)). Every exposure to a potentially rabid animal must be individually evaluated. The following factors should be considered:
1) Species of biting animal - carnivorous wild animals (especially skunks, foxes, coyotes, raccoons) and bats are more likely to be infected than other animals. A dog, cat or ferret that is current on its rabies vaccinations has only a minimal chance of developing rabies and transmitting the virus. Bites of rabbits, squirrels, chipmunks, rats, and mice seldom, if ever, call for rabies prophylaxis. Individuals exposed to birds, fish, amphibians or reptiles never require rabies post-exposure prophylaxis.
2) Circumstances of biting incident - an unprovoked attack by a dog or cat is more likely to indicate a rabies exposure. Bites during attempts to feed or handle an apparently healthy dog or cat should generally be regarded as provoked.
3) Type of exposure - rabies is transmitted by inoculation of infectious saliva or cerebrospinal fluid through the skin or mucus membranes. Bites from some species, such as bats, may go undetected due to small teeth size. Therefore, exposure of a sleeping person, or a person who is unable to describe an exposure to a bat, require that the exposed person be recommended for rabies post-exposure prophylaxis.
4) Presence of rabies in terrestrial wild mammals in an area. If rabies virus is circulating in terrestrial wild mammals (as evidenced by animal rabies testing results) in a given area, the likelihood of rabies in unvaccinated domestic animals is increased and rabies post-exposure prophylaxis may be recommended.

d) Control of biting animals. See the Illinois Animal Control Act [510 ILCS 5].

e) General Measures.
1) The public should be educated to avoid contact with wild, unfamiliar or stray animals, but if they do have exposure, they should seek medical attention;
2) The prompt reporting of animal bites to an animal control agency is important;
3) Animals should be vaccinated in accordance with local and State ordinances and laws;
4) The local health and local animal control authorities should closely cooperate on animal bite issues.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required by the local health authority for all potential exposures.

(Source: Added at 25 Ill. Reg. 3937, effective [illegible])

Section 690.610 Rocky Mountain Spotted Fever (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period - From 3 to 14 days.
b) Control of Case.
1) Isolation is not required.
2) Destruction of all ticks on patients.
c) Control of Contacts. There are no restrictions for contacts.
d) General Measures
1) Tick-infested areas should be avoided; ~~remove~~ ticks should be removed from the body promptly avoiding crushing; ~~protect~~ hands should be protected when removing ticks from animals; ~~use~~ tick repellents should be used.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

2) For tick-infested ~~Tick-infested~~ livestock and pets, ~~should be dipped, sprayed or dusted.~~ consult a veterinarian on tick-control products.
3) Persons becoming ill within two weeks after a tick bite should report the bite immediately to a physician.

e) Laboratory Reporting. ~~4)~~ Laboratories are required to report to the local health authority patients with significant (each laboratory will determine criteria for significance) positive antibody test results showing evidence of infection with Rickettsia rickettsii, positive polymerase chain reaction, positive immunofluorescence or isolation of the organism ~~*Rickettsia rickettsii*~~.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. 3937, effective ~~[illegible]~~)

Section 690.620 Rubella (German Measles) (Including Congenital Rubella Syndrome) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period - From 14 to 21 days; usually 18 days.
b) Control of Case.
1) Isolation is not required unless hospitalized. Isolation procedures for hospitalized cases are stated in the latest edition of the manual entitled, CDC Guideline for Isolation Precautions in Hospitals (see Section 690.1010(a)(1)). ~~"Isolation Techniques for Use in Hospitals", U.S. Department of Health, Education and Welfare, Public Health Service.~~
2) Infants with congenital rubella syndrome may shed virus for months.
3) Rubella cases should be insolated from pregnant females.
4) Exclude from school or workplace for 7 days after rash onset.
c) Control of Contacts. No restrictions.
d) General Measures.
1) Active immunization should be given as soon as possible after 12 ~~15~~ months of age and may be ~~when~~ given as part of a ~~in combination with measles~~ (measles-mumps-rubella (MMR) combined vaccine~~)~~. Single antigen rubella or mumps/rubella vaccine may be given after 12 months of age.
2) See "General Recommendations on Immunization" from CDC~~,~~ (see ~~See,~~ Section 690.1010(a)(4)), reprinted in "Who Needs Them? Everybody!", Circular No. 1005.1, Illinois Department of Public Health.

(Source: Amended at 25 Ill. Reg. 3937, effective ~~[illegible]~~)

Section 690.630 Salmonellosis (Other than Typhoid Fever) (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period - 6 to 72 hours, usually about 12 to 36 hours.
b) Control of Case.
1) Enteric precautions, ~~or~~ disease-specific precautions, or equivalent isolation procedures are required for hospitalized patients until ~~clinical recovery (i.e.,~~ absence of fever and diarrhea~~)~~. (See Section 690.1010(a)(1) and (a)(16).)
2) Cases who are food handlers ~~or in sensitive occupations~~ shall not return to their usual occupation until 2 ~~two~~ consecutive specimens (release specimens) of feces taken not less than 24 ~~72~~ hours apart are tested and found to be negative. Health care workers who have diarrhea are restricted from their occupations until at least 24 hours after diarrhea has ended. Health care workers who use universal precautions or any equivalent isolation procedure, and who do not have diarrhea, are not required to be restricted from their occupations, but must sumbit release specimens as described in this subsection (b)(2). Health care workers will be restricted from their occupations if they do not begin submitting release specimens within one week after notification. This occupational restriction will terminate when specimen submission begins, as long as the case continues to comply with required specimen submission. Specimens must be submitted to a laboratory acceptable to the ~~Illinois~~ Department ~~of Public Health. There is some evidence to suggest that antibiotic treatment of intestinal salmonellosis prolongs rather than reduces the period of shedding. Therefore, antibiotics should be used only for complications of salmonellosis such as septicemia or abscess.~~ If an antimicrobial agent ~~antibacterial treatment~~ has been given, release specimens must be collected at least 48 hours after treatment was discontinued. ~~Health care workers who use universal precautions, and who do not have diarrhea, are not required to cease their occupations, but must submit release specimens as described above. Health care workers will be restricted from their occupations if they do not begin submitting release specimens within one week after notification. This occupational restriction will terminate when specimen submission begins as long as the case continues to comply with required specimen submission.~~
3) Concurrent disinfection of body discharges is required. Hand washing is required after use of the toilet ~~defecation~~. (See Section 690.1000(e)(1).)
4) Terminal cleaning is required. (See Section 690.1000(e)(2).)
c) Control of Contacts.
1) Contacts Who Have Not Had Diarrhea During the Previous 4 ~~Four~~ Weeks.
A) There are no automatic restrictions from working for

contacts who are food handlers or employed in sensitive occupations and who have had no symptoms of salmonellosis during the previous 4 ~~four~~ weeks.

B) Contacts who are employed as food handlers or in sensitive occupations shall submit specimens as described in subsection (b)(2) of this Section. These contacts will be restricted from their occupations if they do not comply with submission of 2 ~~two~~ release specimens within 2 ~~two~~ weeks following notification.

C) If either of the 2 ~~two~~ release specimens referenced in subsection (c)(1)(B) of this Section is positive for Salmonella ~~*Salmonella*~~, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.

2) Contacts Who Currently Have, or Have Had, Diarrhea During the Previous 4 ~~Four~~ Weeks.

A) All contacts who are food handlers or in sensitive occupations and who currently have diarrhea or have had diarrhea during the previous 4 ~~four~~ weeks shall not work in ~~continue~~ their occupations until they have submitted 2 ~~two~~ stool specimens as described in subsection (b)(2) of this Section.

B) Health care workers who use universal precautions or any equivalent isolation procedure, and who do not currently have diarrhea, are not required to cease their occupations but must submit release specimens as described in subsection (b)(2) of this Section.

C) Health care workers shall be restricted from their occupations if they do not comply with submission of 2 ~~two~~ release specimens within 2 ~~two~~ weeks of notification. This occupational restriction will terminate when specimens are submitted.

D) If either of the 2 ~~two~~ release specimens referenced in subsection (c)(2)(A) or (c)(2)(B) is positive for Salmonella ~~*Salmonella*~~, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.

d) Sale of Food, Milk, etc. (see ~~See~~ Section 690.1000(f)).

e) General Measures.

1) The public should be educated to thoroughly cook all foods derived from animal sources, particularly egg products, meat, poultry or pork dishes.

2) Pasteurized egg products should be used when preparing foods that require use of raw eggs or foods in which eggs would be pooled before cooking.

3) All food handlers should be instructed and supervised in hand washing.

4) The public should be educated about the risk of Salmonella from pets such as reptiles, chicks or ducklings. These types of pets should be avoided by families with young children and by immunocompromised persons.

5) Irradiation of meat may decrease the risk of Salmonella.

6) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in day care centers and schools.

f) Laboratory Reporting.

1~~4~~) Laboratories are required to report to the local health authority patients from whom Salmonella has been isolated.

2~~5~~) Laboratories are required to submit Salmonella isolates to the ~~Illinois~~ Department's ~~Department of Public Health~~ laboratory for serotyping.

g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority. If more than one case is identified in a household, completion of the morbidity card is all that is required for the additional household cases.

(Source: Amended at 25 Ill. Reg. 3937, effective APR 1 1901)

Section 690.640 Shigellosis (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period - 12 hours to 7 days, usually one to 3 days.

b) Control of Case.

1) Enteric precautions, ~~or~~ disease-specific precautions, or equivalent isolation procedures (see Section 690.1010(a)(1) or (a)(16)) are required for patients in health care facilities until two negative fecal cultures are obtained.

2) Cases who are food handlers ~~or in sensitive occupations~~ shall not return to their usual occupations until 2 ~~two~~ consecutive specimens of feces, taken not less than 24 ~~twenty-four~~ hours apart, are found to be negative. Health care workers with diarrhea shall be restricted from their occupations until at least 24 hours after diarrhea has ended. Health care workers who use universal precautions or an equivalent isolation procedure and who do not have diarrhea shall not be restricted from their occupations, but must submit release specimens as described in this subsection (b)(2). Health care workers will be restricted from their occupations if they do not begin submitting release specimens within one week after notification. This occupational restriction will terminate when specimen submission begins, as long as the case continues to comply with required specimen submission. If an antimicrobial agent ~~antibacterial treatment~~ has been given, the specimens must be collected at least 48 hours after treatment was completed ~~discontinued~~. If Cary-Blair media

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

is used to transport the specimen, the specimen must arrive at ~~an Illinois~~ the Department's ~~Department of Public Health~~ laboratory or a laboratory acceptable to the ~~Illinois~~ Department ~~of Public Health~~ within 72 hours. Because of the fragility of the Shigella organism, specimens submitted using other transport media must arrive in a laboratory of the ~~Illinois~~ Department ~~of Public Health~~ or in a laboratory acceptable to the ~~Illinois~~ Department ~~of Public Health~~ within 6 ~~six~~ hours after passage.

3) Concurrent disinfection of feces and articles soiled with feces is required. Hand washing after use of the toilet ~~defecation~~ is required. (See Section 690.1000(e)(1).)

4) Terminal cleaning is required. (See Section 690.1000(e)(2).)

c) Control of Contacts.

1) Contacts Who Have Not Had Diarrhea During the Previous 4 ~~Four~~ Weeks.

A) There are no automatic restrictions from working for contacts who are food handlers or employed in sensitive occupations and who have had no symptoms of shigellosis during the previous 4 ~~four~~ weeks.

B) Contacts who are employed as food handlers or in sensitive occupations shall submit specimens as described in subsection (b)(2) of this Section. These contacts shall be restricted from their occupations if they do not comply with submission of 2 ~~two~~ release specimens within 2 ~~two~~ weeks following notification.

C) If either of the 2 ~~two~~ release specimens referenced in subsection (c)(1)(B) of this Section is positive for Shigella ~~*Shigella*~~, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.

2) Contacts Who Currently Have, or Have Had, Diarrhea During the Previous 4 ~~Four~~ Weeks. ~~All contacts who are food handlers or in sensitive occupations and who currently have diarrhea or have had diarrhea during the previous four weeks shall not continue their occupations until they have submitted two stool specimens as described in subsection (b)(2) of this Section.~~

A) All contacts who are food handlers or in sensitive occupations and who currently have diarrhea or have had diarrhea during the previous 4 weeks shall not work in their occupations until they have submitted 2 stool specimens as described in subsection (b)(2) of this Section.

B) Health care workers who use universal precautions or any equivalent isolation procedure, and who do not currently have diarrhea, shall not be restricted from their occupations but must submit release specimens as described in subsection (b)(2) of this Section.

C) Health care workers shall be restricted from their occupations if they do not comply with submission of 2 release specimens within 2 weeks after notification. This occupational restriction will terminate when specimens are submitted.

D) If either of the 2 release specimens referenced in subsection (c)(2)(A) or (c)((2)(B) is positive for Shigella, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.

d) Sale of Food, Milk, etc. (see ~~See~~ Section 690.1000(f)).

e) General Measures.

1) Protection and purification of public water supplies.

2) Supervision of hygienic practices, especially hand washing, of food handlers and young children.

3) Sanitary disposal of human excreta.

4) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in day care centers and schools.

f) Laboratory Reporting.

1~~4~~) Laboratories are required to report to the local health authority patients from whom Shigella has been isolated.

2~~5~~) Laboratories are required to submit Shigella isolates to the ~~Illinois~~ Department's ~~Department of Public Health~~ laboratory for serotyping. When suspicious clusters occur, these isolates will be available if additional typing such as pulse field gel electrophoresis is considered necessary.

g) Reporting of Cases. An individual case report form and morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If more than one case is identified in a household, completion of the morbidity card only is required for the additional household cases.

(Source: Amended at 25 Ill. Reg. 3937, effective Feb. 7, 1991)

Section 690.650 Smallpox (Reportable by telephone immediately ~~as soon as possible~~, within 3 ~~24~~ hours upon initial clinical suspicion of the disease)

a) Incubation Period - From 7 to 17 days; commonly 10 to 12 days to onset of illness and 2 to 4 days more to onset of rash.

b) Cases will be isolated and investigated according to the provisions of Section 690.100(d).

c) Sale of Food, Milk, etc. (see ~~See~~ Section 690.1000(f)).

d) Reporting of Cases. A narrative report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. 3937, effective Feb. 7, 1991)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section 690.660 Staphylococcus Aureus ~~Staphylococcal~~ Infections Occurring In Infants Under 28 Days of Age Within a Health Care Institution or With Onset After Discharge (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period - Commonly 4 to 10 days, but disease may not occur until several months after colonization.
b) Control of Case.
   1) Contact isolation, ~~or~~ disease-specific precautions, universal precautions or equivalent isolation procedures are required for hospitalized patients. (see See Section 690.1010(a)(1) or 690.1010(a)(16).)
   2) Patients outside of a health care institution do not require special handling.
   3) Concurrent disinfection of articles contaminated by infectious discharges is required. (See Section 690.1000(e)(1).)
   4) Terminal cleaning is required. (See Section 690.1000(e)(2).)
   5) If within two weeks after diagnosis additional cases associated in place and time are identified, nursery personnel who provided care for affected infants should be screened and treated if positive.
c) Control of Contacts. Hospital personnel with minor lesions, such as pustules, boils, abscesses, conjunctivitis, severe acne, otitis externa, or infected lacerations, shall not work in a newborn nursery.
d) General Measures. ~~1)~~ Strict adherence to hand washing of hospital nursery staff before contact with each infant is required.
e) Laboratory Reporting. ~~2)~~ Laboratories are required to report to the local health authority all infants less than 28 days of age from whom a clinically significant Staphylococcus aureus ~~*Staphylococcus aureus*~~ is isolated.
f) Reporting of Cases. A morbidity card supplied by the Department is required to be submitted on all cases by the local health authority.

(Source: Amended at 25 Ill. Reg. 3937, effective April 1, 2001)

Section 690.661 Staphylococcus Aureus Infections with Intermediate or High Level Resistance to Vancomycin (Reportable by telephone, within 24 hours)

a) Control of Case. Specific recommendations will be issued on a case-by-case basis.
b) Laboratory Reporting.
   1) Laboratories are required to report to the local health authority patients from whom intermediate or high level vancomycin-resistant Staphylococcus aureus has been isolated.
   2) Isolates defined by hospital or commercial laboratories as vancomycin-resistant Staphylococcus aureus shall be forwarded to the Department's laboratory for confirmation (minimum inhibitory concentrations less than or equal to 4).
c) Reporting of Cases. A narrative report and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

(Source: Added at 25 Ill. Reg. 3937, effective April 1, 2001)

Section 690.670 Streptococcal Infections, ~~due to Group A streptococci~~, Invasive Disease (Including ~~including~~ Toxic Shock Syndrome) and Sequelae to Group A Streptococcal Infections ~~pharyngitis~~, (rheumatic fever, acute glomerulonephritis, and scarlet fever ~~and invasive disease~~) (Reportable by ~~mail or telephone as soon as possible~~, within 24 hours ~~7 days~~)

~~The following apply to pharyngitis or skin infections, with or without scarlet fever rash.~~

a) Incubation Period - Short, usually 1 to 3 days; rarely longer.
b) Control of Case.
   1) Drainage/secretion precautions, ~~or~~ universal precautions, disease-specific precautions or equivalent isolation procedures are required, but may be terminated after 24 hours' treatment with penicillin or other appropriate antibiotics ~~antibacterial agent~~, provided treatment is continued for a minimum of 10 days to prevent rheumatic fever. (See Section 690.1010(a)(1) or (a)(16).)
   2) Concurrent disinfection is required of nose and throat secretions and all purulent discharges and articles soiled with these discharges. (See Section 690.1000(e)(1).)
   3) Terminal cleaning is required. (See Section 690.1000(e)(2).)
   4) The local health authority should be consulted regarding any identified cluster of cases, particularly in closed settings, such as a nursing home, for additional recommendations.
c) Control of Contacts.
   1) There are no restrictions for contacts. Pharyngeal culture of symptomatic contacts. Under certain conditions pharyngeal cultures of asymptomatic individuals may be recommended.
   2) The local health department should be consulted on cases of fatal invasive Group A streptococcus, necrotizing fasciitis or toxic shock syndrome on a case-by-case basis for additional precautions.
d) Sale of Food, Milk, etc. (see See Section 690.1000(f)).
e) General Measures. Educate the public about transmission.
f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.
g) Laboratory Reporting. All isolates of Streptococcus pyogenes from a sterile site should be forwarded to the Department's laboratory.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 25 Ill. Reg. 3937, effective _____)

Section 690.675 Streptococcal Infections, Group B, Invasive Disease, of the Newborn (birth to 3 months) (Reportable by mail, telephone, facsimile or electronically, within 7 days)

a) Control of Case.
   1) No special precautions.
   2) If multiple cases occur in a nursery, cohorting of infected infants separately from non-infected infants can be helpful.
b) Control of Contacts. No control measures indicated.
c) General Measures. Each hospital or primary medical provider should utilize a prevention strategy as outlined in "Prevention of Perinatal Group B Streptococcal Disease: A Public Health Perspective" (see Section 690.1010(a)(14)).
d) Laboratory Reporting. Laboratories are required to report to the local health authority all patients under 3 months of age with Streptococcus agalactiae isolated from a normally sterile site.
e) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Added at 25 Ill. Reg. 3937, effective _____)

Section 690.678 Streptococcus Pneumoniae, Invasive Disease (Including Antibiotic Susceptibility Test Results) (Reportable by mail, telephone, facsimile or electronically, within 7 days)

a) Incubation Period - Not well determined, may be as short as 1 to 3 days.
b) Control of Case.
   1) In hospitals, standard precautions or equivalent isolation procedures should be used for patients (see Section 690.1010(a)(16)).
   2) Concurrent disinfection of discharges from nose or throat of pneumonia cases (see Section 690.1000(e)(1)).
   3) Terminal cleaning is required (see Section 690.1000(e)(2)).
c) Control of Contacts.
   1) No restrictions.
   2) In outbreaks in institutions or other closed population groups, immunization should be carried out unless the serotype causing the disease is not included in the vaccine.
d) General Measures.
   1) Avoid crowding, especially in institutions, barracks and ships.
   2) Immunization of high risk individuals is recommended according to "Pneumococcal Polysaccharide Vaccine" (Section 690.1010(a)(15)).

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

e) Laboratory Reporting. Laboratories are required to report to the local health authority patients from whom Streptococcus pneumoniae has been isolated from a normally sterile site. The antibiotic resistance pattern and test method shall also be reported.
f) Reporting of Cases. Only invasive cases (patients in which the organism was isolated from a normally sterile site) should be reported. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Added at 25 Ill. Reg. 3937, effective _____)

Section 690.690 Tetanus (Reportable by mail, telephone, facsimile or electronically, within 7 days)

a) Incubation Period - Commonly 4 days to 3 weeks, dependent on character, extent and location of wound; average 10 days. Most cases occur within 14 days, but may be longer.
b) Control of Case. No restrictions.
c) Control of Contacts. No restrictions.
d) General Measures.
   1) Active immunization with tetanus toxoid is recommended for infants as soon as possible after 2 ~~two~~ months of age. The product of choice is dependent upon the age of the patient. See "General Recommendations on Immunization" from CDC, (see ~~See,~~ Section 690.1010~~,~~(a)(4)), reprinted in "Who Needs Them? Everybody!", Circular No. 1005.1, Illinois Department of Public Health.
   2) Post-injury patients at risk should receive human tetanus immune globulin and/or toxoid according to the "Diphtheria, Tetanus and Pertussis: Recommendations for Vaccine Use and Other Preventive Measures" (see Section 690.1010(a)(12)). ~~Recommendations of the Immunization Practices Advisory Committee (ACIP), U.S. Department of Health and Human Services/Public Health Service.~~

(Source: Amended at 25 Ill. Reg. 3937, effective _____)

Section 690.695 Staphylococcus Aureus Infection, Toxic Shock Syndrome (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

a) Control of Case.
   1) Isolation - Drainage/secretion precautions or disease- specific precautions are required for vaginal discharge and pus during the duration of illness~~.~~ (see See Section 690.1010(a)(1)).
   2) Concurrent disinfection of purulent discharges and articles

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

soiled with these discharges is required. (see See Section 690.1000(e)(1)).

3) Terminal cleaning is required. (see See Section 690.1000(e)(2)).

b) Control of Contacts - None.

c) General Measures. Cases must be investigated to determine risk factors associated with disease.

d) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. 3937, effective APR 2 2001)

Section 690.700 Trachoma (Repealed)

~~a) Incubation Period---Five to 12 days (based on volunteer studies).~~

~~b) Control of Case~~

~~1) Isolation is not required. Children with active lesions should be excluded from school unless under active therapy.~~

~~2) Concurrent disinfection of eye discharges and contaminated articles is required. (See Section 690.1000(e)(1))~~

~~c) Control of Contacts~~

~~No restrictions.~~

~~d) General Measures~~

~~Educate public, especially women and children, against use of common toilet articles such as wash cloths and eye make up.~~

(Source: Repealed at 25 Ill. Reg. 3937, effective APR 2 2001)

Section 690.710 Trichinosis (Trichinellosis) (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period - About 8 to 15 days after ingestion of contaminated meat; varies between 5 and 45 days.

b) Control of Case. There are no restrictions for cases.

c) Control of Contacts. There are no restrictions for contacts.

d) General Measures.

1) The local health authority should investigate the case's food history and identify possible sources of trichinella and should confiscate any remaining suspect food.

2~~1~~) The ~~Educate the~~ public should be educated to cook all meat from wild carnivores, pork and pork products at a temperature allowing all parts of the meat to reach at least 171 degrees F (77 degrees C) or until meat changes from pink to gray, unless meat previously properly processed.

3~~2~~) Attempt to identify the source for all cases ~~trace each case to the farm where the infected swine originated~~.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

4~~3~~) Farmers ~~Encourage farmers~~ and hog raisers are encouraged to use standard swine sanitation practices, including control of rats and prevention of swine feeding on rats or swine carcasses.

5~~4~~) Food ~~Urge food~~ stores are urged to have separate grinding machines for beef and pork.

6) Irradiation of pork products could reduce the risk of trichinella.

e) Laboratory Reporting. 5~~)~~ Laboratories are required to report to the local health authority persons from whom Trichinella spiralis ~~*Trichinella spiralis*~~ has been identified and patients with significant serologic test results. Each laboratory will determine a significant serologic test result.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Amended at 25 Ill. Reg. 3937, effective APR 2 2001)

Section 690.725 Tularemia (Reportable by ~~mail or~~ telephone ~~as soon as possible~~ immediately, within 3 hours upon initial clinical suspicion of the disease ~~7 days~~)

a) Incubation Period - 2 to 10 days, usually 3 days.

b) Control of Case.

1) Drainage/secretion precautions or disease-specific procedures for drainage from open lesions is required. (See Section 690.1010(a)(1).)

2) Concurrent disinfection of drainage from open lesions and conjunctivae, and articles contaminated with drainage is required. (See Section 690.1000(e)(1).)

3) Terminal cleaning is not required.

c) Control of Contacts. There are no restrictions for contacts.

d) General Measures.

1) The public should be educated to use impervious gloves when skinning or handling animals, especially rabbits.

2) The meat of wild rabbits and rodents should be thoroughly cooked before ingestion.

3) The public should be educated to avoid bites by flies, mosquitoes and ticks and to avoid handling ticks with bare hands ~~these arthropods~~.

4) The public should be educated about the hazards of swimming in streams and ponds in areas where wild animal infection is known.

e) Laboratory Reporting. 5~~)~~ Laboratories are required to report to the local health authority patients from whom Francisella tularensis ~~*Francisella tularensis*~~ has been cultured and patients with significant (criteria for significance should be determined by each laboratory) serologic test result for tularemia.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. 3937, effective K 2001)

Section 690.730 Typhoid Fever (Reportable by telephone as soon as possible, within 24 hours)

a) Incubation Period - Dependent on size of infecting dose; usual range 1 to 3 weeks.

b) Control of Case.

1) Enteric precautions, ~~or~~ disease-specific precautions (see Section 690.1010(a)(1)) or equivalent procedures (see Section 690.1010(a)(16)) are required during the acute illness. If the patient is not in a licensed hospital, conditions must be approved by the local health authority. After termination of the acute illness (absence of fever), cases may resume their usual activities after receiving education on transmission of the bacterium that causes typhoid fever from the local health authority, but shall not return to day care centers or to food handling or sensitive occupations until released according to subsection (b)(4) of this Section.

2) Concurrent disinfection of feces and urine and articles soiled by these excreta is required until the case is released by the local health authority. In communities with municipal sewage disposal systems, feces and urine may be discharged into sewers without preliminary disinfection. (See Section 690.1000(e)(1).) Hand washing after defecation is required.

3) Terminal cleaning is required. (See Section 690.1000(e)(2).)

4) The case will be released from enteric precautions when 3 ~~three~~ consecutive specimens of feces and urine, taken not less than 24 hours apart and preferably 30 days after onset, are negative for Salmonella typhi ~~*Salmonella typhi*~~. The first release specimen shall be taken not less than 48 hours after completion ~~discontinuation~~ of any antimicrobial agent. Each release specimen must be examined in a laboratory of the ~~Illinois~~ Department ~~of Public Health~~ or in a laboratory acceptable to the ~~Illinois~~ Department ~~of Public Health~~ within 48 hours after ~~of~~ collection. Specimens of feces must show evidence of growth of normal flora. Health care workers with diarrhea will be restricted from their occupations until at least 24 hours after diarrhea has ended. Health care workers who use universal precautions or any equivalent isolation procedure, and who do not have diarrhea, shall not be restricted from their occupations, but must submit release specimens as described. Health care workers will be restricted from their occupations if they do not

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

begin submitting release specimens within 2 weeks after notification. This occupational restriction will terminate when specimen submission begins, as long as the case continues to comply with required specimen submission.

5) If any of the 3 ~~three~~ release specimens from the case are positive and the patient is asymptomatic, the case shall be classified as a convalescent carrier providing the specimen was collected within 12 months following onset of symptoms.

6) If cases do not submit 3 ~~three~~ consecutive negative specimens within 12 months following onset of illness according to this subsection (b), they will be classified as chronic carriers.

c) Control of Carriers.

1) A chronic carrier is defined as:

A) A person who excretes typhoid bacilli in feces or urine and had no symptoms of typhoid disease during the past 12 months, or

B) A person who was an acute typhoid fever case who excretes typhoid bacilli for 12 months or longer after onset of typhoid fever, or

C) A person who harbors typhoid bacilli at a site where excretion is likely (including a patient with culture-positive bile or another clinical specimen following cholecystectomy), but had no symptoms of typhoid disease during the past 12 months, or

D) A person with culture-proven acute typhoid fever more than 12 months earlier who has not submitted 3 ~~three~~ negative specimens of feces and urine as described in subsection (b)(4) of this Section.

2) A convalescent carrier is defined as:

A) A case of acute typhoid fever who has one or more positive cultures subsequent to clinical recovery, or

B) A person who is culture-positive for typhoid bacilli, as described above, and who has a history of acute typhoid within the previous 12 months.

3) A person found to be a chronic typhoid carrier is subject to the same regulations as cases, but may be granted a modified form of isolation after receiving health education from the local health authority about modes of transmission for the bacteria that causes typhoid fever. Chronic typhoid carriers may not be employed as food handlers or in sensitive occupations (see Section 690.900) or attend group day care until released from the restrictions placed on chronic typhoid carriers (see subsection (c)(7) of this Section). The local health authority shall visit the carrier annually or as often as necessary to reiterate education about modes of transmission of the bacteria that causes typhoid fever. Carriers over age 70 and other carriers with infirm health shall be contacted every six months.

4) A person found to be a convalescent typhoid carrier may not

resume his/her usual activities outside the home until granted a modified form of isolation after receiving health education from the local health authority about modes of transmission for the bacteria that causes typhoid fever. Convalescent typhoid carriers may not work as food handlers or in sensitive occupations (see Section 690.900) or attend group day care until released from the restrictions on convalescent typhoid carriers (see subsection (c)(6) of this Section).

5) When a typhoid carrier (chronic or convalescent) requires hospital care or care in a long-term care facility or day care (adult or child) program for any reason, the facility shall be notified about his/her carrier status before he/she is admitted as a patient to assure that proper precautions are taken. A nurse, upon taking care of the case at home, shall also be informed for his/her protection. Typhoid carriers can be admitted to long-term care facilities or day care programs after consultation with the local health authority and the ~~Illinois~~ Department ~~of--Public-Health~~, at which time a care plan specific for each carrier will be developed.

6) A convalescent carrier may be released from modified isolation after submitting 3 ~~three~~ consecutive negative specimens of feces and urine at intervals of not less than 30 days and within 12 months after onset. Collection, testing and transport of these specimens must conform to subsection (b)(4) of this Section.

7) A chronic carrier may be released from modified isolation after submitting 3 ~~three~~ consecutive negative specimens of feces and urine collected not less than 30 days apart. Each specimen must be authenticated and at least one specimen shall be collected after administering a saline cathartic. The post-cathartic specimen shall be collected from the second or third bowel movement after administering the cathartic. Specimens may not be taken within 48 hours after treatment with an antimicrobial agent, regardless of the reason for which the medication was prescribed. Testing and transport of specimens must conform to subsection (b)(4) of this Section.

d) Control of Contacts to a Case.

1) Contacts to a case whose most likely source of infection is travel to a foreign country (usually a developing country) within 30 days prior to onset of symptoms are required to abide by the following.

A) Members of households where these cases reside are not required to be tested for typhoid bacilli, except for household members who were also foreign travel companions of the case, unless the local health authority identifies specific risks for transmission within the household.

B) Travel companions of such cases shall be tested, but need not restrict their occupations unless they had symptoms of typhoid fever during or subsequent to foreign travel.

C) Travel companions who have had symptoms of typhoid fever shall not work as food handlers or in sensitive occupations or attend group day care (adult or child) until testing is completed.

D) When testing is required in this subsection (d)(1), 2 ~~two~~ specimens of feces and urine shall be collected not less than 48 hours apart. Other aspects of specimen collection, transport and testing shall conform with subsection (b)(4) of this Section.

E) If persons required to be tested according to this subsection (d)(1) refuse to comply within 2 ~~two~~ weeks after notification of this testing requirement, they will be restricted from their occupation, school attendance or day care attendance until compliance is achieved.

2) In tour groups to foreign countries (usually developing countries) in which typhoid fever has occurred, all members of the tour group shall be tested (see requirements for travel companions in subsections (d)(1)(B) through (E) of this Section).

3) Persons living in the household of cases whose source was in the United States are considered contacts to typhoid fever. Other persons outside the household who have had close contact with the case at a time when they could have been the source of infection for the case, or at a time when they may have been exposed to infection by the case, are also classified as contacts to typhoid fever.

A) Contacts must submit 2 ~~two~~ consecutive negative specimens of feces and urine, but need not curtail their usual activities, except they may not be employed in food handling or in sensitive occupations (see Section 690.900) or attend group day care (child or adult) until testing is completed.

B) Collecting, testing and transport of specimens must comply with subsection (b)(4) of this Section.

C) If persons required to be tested according to this subsection refuse to comply within 2 ~~two~~ weeks after notification, they will be restricted from their occupations or school attendance until compliance is achieved.

e) Control of Contacts to a Carrier. All persons living in the household of a newly identified chronic carrier and other contacts living outside the home must submit 2 ~~two~~ consecutive negative specimens of feces and urine collected, tested and transported according to subsection (b)(4) of this Section. Persons employed in food handling or sensitive occupations shall not return to these occupations until this testing requirement has been fulfilled. Other persons need not have their usual activities curtailed. If persons required to be tested according to this subsection refuse to comply with this testing requirement within 2 ~~two~~ weeks after notification, they will be restricted from their occupations, school attendance or day care (adult or child) attendance until compliance is achieved.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

f) Sale of Food, Milk, etc. (see ~~See~~ Section 690.1000(f)).
g) General Measures.
   1) Travelers to developing countries should be educated about safe food and beverage ingestion.
   2) Immunization against typhoid is advised for international travelers to endemic areas, especially if travel is likely to involve exposure to unsafe food or water.
   ~~3~~2) Protection and purification of public water supplies; construction of safe private water supplies.
   ~~4~~3) Sanitary disposal of human excreta.
   5) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in day care centers and schools.
h) Laboratory Reporting.
   ~~1~~4) Laboratories are required to report to the local health authority patients from whom Salmonella typhi has been isolated.
   ~~2~~5) Laboratories are required to submit isolates to the ~~Illinois~~ Department's ~~Department of Public Health~~ laboratory for verification of results ~~typing~~.
i) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Amended at 25 Ill. Reg. 3937, effective APR 7 2001)

Section 690.740 Typhus (Reportable by telephone as soon as possible, within 24 hours)

a) Incubation Period - From 1 to --- 2 weeks, commonly 12 days.
b) Control of Case.
   1) Isolation is not required after proper delousing for louseborne typhus. No isolation is required for murine typhus. ~~disinfection.~~
   2) Concurrent disinfection is accomplished by effective destruction of lice and fleas in the clothing and bedding of cases.
c) Control of Contacts.
   1) Louse-infected susceptible contacts ~~susceptibles~~ exposed to typhus should have their clothing and bedding deloused and should be quarantined for 15 days~~, but may be released~~ after application of insecticide with residual effect.
   2) In cases of murine typhus, the premises around the patient should be searched for rodents.
d) General Measures.
   1) Endemic flea-borne typhus fever is controlled by the destruction of rat fleas followed by rodent control measures.
   2) The possibility of louse-borne typhus should be considered and public health officials consulted regarding control measures.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

e) Reporting of Cases. A narrative report and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Amended at 25 Ill. Reg. 3937, effective APR 7 2001)

Section 690.750 Pertussis (Whooping Cough) ~~(Pertussis)~~ (Reportable by telephone as soon as possible, within 24 hours)

a) Incubation Period - Commonly 7 days, almost uniformly within 10 days, and not exceeding 21 days.
b) Control of Case.
   1) Respiratory isolation is required for known cases until the patient has received at least 5 days of a minimum 14-day course of an antimicrobial agent. ~~Isolation is not required if the patient is receiving or has received adequate antibiotic therapy.~~ The contagion usually disappears within 3 weeks after the onset of the paroxysmal cough, even if paroxysmal cough continues. The patient should be kept out of contact with susceptible unimmunized children.
   2) Concurrent disinfection of discharges from nose and throat and articles soiled by them (see Section 690.1000(e)(1)).
   3) Terminal cleaning is required (see Section 690.1000(e)(2)).
c) Control of Contacts.
   Inadequately immunized household contacts under 7 years of age should be excluded from schools, daycare, and public gatherings for 14 days after last exposure or until the cases and contacts have received at least 5 days of a minimum 14-day course of an appropriate antimicrobial agent. ~~Susceptible contacts should be observed, and should be treated and excluded from school at the first sign of respiratory tract disease if symptoms occur within 14 days after last exposure to a known case. Chemoprophylaxis should be considered for susceptible contacts under 5 years of age.~~
d) General Measures. Active immunization is recommended for all children as soon as possible after the age of 2 two months. Immunization against pertussis is contraindicated in all children aged 6 years and older. See "General Recommendations on Immunizations" from CDC~~,~~ (see ~~See~~, Section 690.1010(a)(6)), reprinted in "Who Needs Them? Everybody!", Circular No. 1005.1, Illinois Department of Public Health.

(Source: Amended at 25 Ill. Reg. 3937, effective APR 7 2001)

Section 690.752 Yersiniosis (Reportable by mail, telephone, facsimile or electronically, within 7 days)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

a) Incubation Period - 3 days to 7 days.
b) Control of Case.
   1) Enteric precautions, disease specific precautions (see Section 690.1010(a)(1)) or equivalent procedures (see Section 690.1010(a)(16)) are required for hospitalized patients. Cases with diarrhea shall not attend a daycare center or other group settings until no diarrhea for 24 hours.
   2) Cases who are employed as food handlers or in sensitive occupations (such as patient care or daycare) should be excluded from work until absence of diarrhea for at least 24 hours.
   3) Concurrent disinfection of feces (see Section 690.1000(e)).
c) Control of Contacts. No search for unrecognized cases is needed unless a common-source exposure is suspected.
d) Sale of Food, Milk, etc. (see Section 690.1000(f)).
e) General Measures.
   1) Foods should be prepared in a sanitary manner; eating raw or undercooked pork should be avoided; pasteurized milk only should be consumed; meat irradiation should be considered.
   2) Hands should be washed prior to handling and eating food, after handling raw pork and after contact with animal feces.
   3) Water supplies should be protected from any fecal contamination; appropriate water treatment should be done.
   4) Rodents and birds in areas where food is stored, prepared, served and consumed should be controlled.
   5) Disposal of animal feces should be done in a sanitary manner.
   6) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in day care centers and schools.
f) Laboratory Reporting. Laboratories are required to report to the local health authority patients from whom Yersinia enterocolitica or Y. pseudotuberculosis has been isolated.
g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Added at 25 Ill. Reg. 3937, effective [illegible])

Section 690.800 Any Suspected Bioterrorist Threat or Event (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)

a) Control of Cases and Contacts. Control measures will be instituted on a case-by-case basis.
b) Reporting of Threat or Event. A narrative report is required to be submitted to the Department by the local health authority on all threats or events.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

(Source: Added at 25 Ill. Reg. 3937, effective [illegible])

SUBPART D: DEFINITIONS

Section 690.900 Definition of Terms

For the purpose of this Part, the following shall be the accepted definitions of the terms used herein.

"Authenticated Fecal Specimen" - A specimen is considered to be authenticated when a public health authority or a person authorized by a public health authority has observed one or more of the following:

~~The patient ingest a marker dye plus the presence of the marker dye in the specimen.~~

The patient produce ~~void~~ the specimen.

Conditions such that none other than the case, carrier or contact could be the source of the specimen.

"Carrier" - A person who harbors a specific infectious agent in the absence of discernible clinical disease and serves as a potential source of infection.

"Case" - Any person having a recent illness due to a communicable disease.

"Contact" - Any person known to have been associated sufficiently with a case or carrier of a communicable disease to have been the source of infection for that person or to have become infected by the case or carrier.

"Department" - Illinois Department of Public Health.

"Disinfection" - The process of rendering pathogenic micro-organisms non-viable by chemical or physical means.

Concurrent disinfection - the application of disinfection immediately after the discharge of infectious material from the body of an infected person, or after the soiling of articles with such infectious discharges, all personal contact with such discharges or articles being minimized prior to their disinfection.

Terminal cleaning - the process of rendering the personal clothing and immediate physical environment of the patient free

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

from the possibility of conveying the infection to others at a time when the patient is no longer a source of infection.

"Disinfestation" - Any physical or chemical process serving to destroy or remove undesired small animal forms, particularly arthropods or rodents, present upon the person, the clothing, or in the environment of an individual, or on domestic animals.

"Endemic" - The constant presence of a disease or infectious agent within a given geographic area; may also refer to the usual prevalence of a given disease within such area.

"Epidemic" - The occurrence in a community or region of cases of an illness (or an outbreak) clearly in excess of expectancy.

"Food Handler" - A person who produces, prepares, packages or dispenses food or drink that will not be subsequently heated to appropriate cooking temperatures.

"Health Care Worker" - Any person who is employed (or volunteers their services to a health care organization) to provide direct personal services to others when health care is being delivered. This definition includes, but is not limited to, physicians, dentists, nurses and~~,~~ nursing assistants ~~and laboratory technicians who have direct contact with patients~~.

"Isolation" - The separation during the infectious period of a person who has a communicable disease or who is a carrier of the infecting organism, or who is suspected of having such a disease or of being a carrier, from other persons in such places and under such conditions as will prevent the direct or indirect transmission of the infectious agent.

"Isolation, Modified" - A selective, partial limitation of freedom of movement that is applicable to certain specified diseases.

"Local Health Authority" - The health authority (i.e., full-time official health department, as recognized by the ~~Illinois~~ Department ~~of Public Health~~) having jurisdiction over a particular area, including city, village, township and county boards of health and health departments and the responsible executive officers of such boards, or any person legally authorized to act for such health authority. In areas without a health department recognized by the ~~Illinois~~ Department ~~of Public Health~~, the local health authority shall be the ~~Illinois~~ Department ~~of Public Health~~.

"Observation" - The practice of close medical or other supervision of contacts in order to promote prompt recognition of infection or

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

illness, but without restricting their movements.

"Premises" - That physical portion of a building or other structure and its environs so designated by the Director of the ~~Illinois~~ Department ~~of Public Health~~, his authorized representative, or the local health authority.

"Quarantine" - Restriction of the activities of well persons or animals who have been exposed to a case of communicable disease during its period of communicability (i.e., contacts) to prevent disease transmission during the incubation period if infection should occur.

"Sensitive Occupation" - An occupation involving the direct care of others, especially young children and the elderly, or any other occupation so designated by the ~~Illinois~~ Department ~~of Public Health~~ or the local health authority.

"Susceptible (non-immune)" - A person who is not known to possess sufficient resistance against a particular pathogenic agent to prevent contracting infection or disease if or when exposed to the agent.

"Suspect case" - A person whose medical history or symptoms suggest that he or she may have or may be developing a communicable disease.

(Source: Amended at 25 Ill. Reg. 8937, effective _____)

SUBPART E: GENERAL PROCEDURES

Section 690.1000 General Procedures for the Control of Communicable Diseases

These procedures are intended for use in homes and similar situations. This Subpart does not apply to Sexually Transmissible Diseases. Sexually Transmissible Diseases are regulated under 77 Ill. Adm. Code 693. Hospital and long term care facility personnel will find helpful, authoritative and detailed procedures for most diseases in "CDC Guidelines for Isolation Precautions in Hospitals" as updated by "Recommendations for Prevention of HIV Transmission in Healthcare Settings", published by the Centers for Disease Control and Prevention (August 21, 1987). This manual and updates are available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

a) Isolation.

1) Establishment. Upon being informed of the existence of a case, of a carrier, or of a suspected case or carrier of a communicable disease, the local health authority having jurisdiction over the area in which the patient is located shall immediately establish isolation of the patient when such isolation for the specific disease is required by these rules and regulations. When the

case, carrier, or suspected case or carrier is hospitalized, the isolation procedures shall comply with those outlined in "CDC Guidelines for Isolation Precautions in Hospitals" as updated by "Recommendations for Prevention of HIV Transmission in Healthcare Settings," published by the Centers for Disease Control and Prevention (August 21, 1987) [see Section 1010(a)(1) and (a)(2)].

2) Duration. Isolation shall be maintained for the minimum period of time required for the specific disease by these rules and by the CDC Guidelines mentioned above. When rules for specific disease differ from the content of the CDC Guidelines mentioned above, the rules will prevail.

3) Termination. Isolation required for the specific disease by this Part ~~these rules and regulations~~ may be terminated only by the local health authority having jurisdiction over the area in which the patient is located or by the ~~Illinois~~ Department ~~of Public Health~~.

b) Quarantine.

1) Establishment. Quarantine of contacts to a case, a carrier, or a suspected case or carrier of a communicable disease shall immediately be established by the local health authority having jurisdiction over the area in which the contacts reside when such quarantine is required for these specific diseases: diphtheria (Section 690.380), plague (Section 690.570), smallpox (Section 690.650), and typhus (Section 690.740).

2) Duration. Quarantine of contacts shall be maintained for the minimum period of time required for the specific disease by these rules.

3) Termination. Quarantine may be terminated only by the local health authority having jurisdiction over the area in which the contacts reside or the ~~Illinois~~ Department ~~of Public Health~~.

c) Persons with diarrhea shall not work in sensitive occupations or as food handlers and must adhere to restrictions on sensitive occupations and food handlers specified in this Part, specific to each etiologic agent.

d~~c~~) Investigation.

1) Each case of communicable disease shall be investigated to determine the source, where feasible. Findings of the investigation will be reported as specified under the Section of this Part applicable to each specific disease.

2) When two or more cases of communicable disease occur in association with a common source, the investigation should include a search for additional cases.

3) Investigations of outbreaks shall be summarized in a final report and submitted to the ~~Illinois~~ Department ~~of Public Health~~.

~~d) Placarding~~

~~1) Placarding is rarely, if ever, necessary, and should be considered only in unusual and compelling circumstances when isolation, quarantine, examination or treatment of a case, carrier or suspect of a communicable disease is necessary and cannot otherwise be implemented.~~

~~2) If placarding is determined to be necessary, the following rules shall apply:~~

~~A) The local health authority having jurisdiction over the area in which said case, carrier or suspected case or carrier is isolated shall post a placard in a conspicuous place at each outside entrance of the premises wherein the person is isolated. (However, if the patient is isolated in a hospital in the manner prescribed by these rules, a placard need not be posted.)~~

~~B) The placard shall be not less than six by ten inches in size, and shall have printed thereon, in letters not less than 1 1/2" in height, the words "Keep Out". At the bottom of the card shall appear these words in small type: "All persons who violate these rules subject themselves to a fine not to exceed $200.00 for each offense, or imprisonment in the county jail not to exceed six months, or both."~~

~~C) Whenever the premises wherein contacts are under quarantine are placarded, the placard shall be as described above, except the name of the disease need not be stated.~~

~~D) Placards shall not be concealed from public view, shall not be mutilated or defaced, and shall remain posted until the requirements of these rules relative to the duration of the period of isolation or quarantine for the specific disease have been fulfilled.~~

~~E) Placards may be removed only by order of the local health authority having jurisdiction over the area where the case, carrier or contact is isolated or quarantined.~~

e) Disinfection.

1) Concurrent disinfection as required by these rules shall be carried out.

A) Disposable articles freshly soiled by discharges from the eyes, ears, nose, throat, and skin lesions shall be placed in biohazard bags and disposed of appropriately. ~~incinerated, if incineration is available. Otherwise, these articles shall be placed in leak proof containers for disposal in an approved landfill.~~

B) Food from the patient's ~~sick~~ room shall not be used by anyone except the patient. Solid food wastes may be put in the garbage can or garbage disposal. Liquid food wastes may be emptied into the kitchen sink.

C) Disposable items shall only be used by the same patient. Reusable items shall be disinfected as described by the manufacturer before being used on a different patient. ~~Thermometers, rectal tubes, douche nozzles, etc., shall be washed with soap and water after each use. When not in use, thermometers shall be disinfected.~~

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

~~B) The--following--procedure-will-not-be-deemed-necessary-where public-sewage-disposal-facilities-are-used-or-where--private sewage--disposal-is-determined-by-the-local-health-authority to-be-adequate.--In-all-other-instances,-bowel--and--bladder discharges--shall--be-disinfected-by-adding-carbolic-acid-or cresol-or-other-equally-effective-disinfectant-and--stirring the--mixture-until-all-parts-have-been-thoroughly-mixed-with the-disinfecting-agent.--This-mixture-shall--be--allowed--to stand,--protected--from--flies,--for-30-minutes-before-being discharged-into-a-sewer,-septic-tank-or-privy-vault.---Solid stool-shall-have-one-pint-of-water-added-and-then-treated-as previously-described-in-this-paragraph.~~

~~B) Bedpans--and--urinals--shall-be-cleaned-using-soap-and-water after-each-use.~~

2) Terminal cleaning, as required by these rules, shall be carried out at the termination of the period of isolation.
Bed frames ~~Bedsteads~~, chairs and other parts of the room likely to come in contact with secretions shall be thoroughly cleaned with water, soap or detergent, and disinfectant.

f) Control of Milk, Milk Products and Other Food Stuffs. Whenever a case, a carrier, or a suspected case or carrier of the following diseases exists in the home of a distributor, or on any farm or dairy producing milk, cream, butter, cheese or other foods likely to be consumed raw or handled after pasteurization and before final packaging, the sale, exchange, removal or distribution of such food items from such home, farm or dairy may be prohibited as deemed necessary by the ~~Illinois~~ Department ~~of Public--Health~~ or the local health authority to prevent the transmission of communicable diseases.
1) Amebiasis
2) Campylobacteriosis
~~3~~2) Cholera
~~4~~3) Diphtheria
~~5~~4) E. coli ~~B.--coli~~ infections due to serotype 0157:H7
~~6~~5) Foodborne or waterborne illness
~~7~~6) Giardiasis
~~8~~7) Hepatitis A
~~9~~8) Hepatitis, viral, other ~~unspecified~~
~~9) intestinal--worms~~
10) Salmonellosis
11) Shigellosis
12) Smallpox
13) Streptococcal infections
14) Typhoid fever
15) Yersiniosis

g) School and Day Care Centers.
1) When a case of communicable disease occurs in a school or day care center, this fact should not be considered a reason for the facility to be closed, except in the event of an emergency.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

2) Children suspected of being infected with a reportable infectious disease for which isolation is required shall be refused admittance to the facility while acute symptoms are present.
3) School and day care center authorities shall handle contacts of infectious disease cases in the manner prescribed in these rules and regulations, or as recommended by the local health authority.

h) Release Specimens. Whenever this Part requires ~~these--rules--require~~ the submission of laboratory specimens for release from isolation or quarantine, the results of such examinations will not be accepted unless the specimens have been examined in a laboratory of the ~~Illinois~~ Department ~~of Public Health~~ or in a laboratory acceptable to the ~~Illinois~~ Department ~~of--Public--Health~~ for the specific tests required. To determine if a given private laboratory is acceptable, specific inquiry to ~~of~~ the ~~Illinois~~ Department ~~of Public Health~~ must be made. The number of specimens needed for release, as detailed under specific disease, is minimum and may be increased when deemed necessary by the ~~Illinois~~ Department ~~of Public Health~~.

i) Hospitalization.
1) If proper isolation of the patient cannot be accomplished in the home, hospitalization may be required by the ~~Illinois~~ Department ~~of Public Health~~ or the local health authority. Neither public health agency shall bear the cost of such hospitalization.
2) Every person who has a contagious or communicable disease and is ordered by the Director of the ~~Illinois~~ Department ~~of--Public Health~~ or by the local health authority to be isolated in conformity with the rules of the ~~Illinois~~ Department ~~of--Public Health~~ immediately comply with such order and be so isolated until such time as the Director of the ~~Illinois~~ Department ~~of Public--Health~~ or local health authority shall certify him to be no longer a danger to the public health.

(Source: Amended at 25 Ill. Reg. 3937, effective APR 1 2001)

Section 690.1010 Incorporated Materials

a) The following materials are incorporated or referenced in this Part:
1) "CDC Guidelines for Isolation Precautions in Hospitals", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333, HHS Publication No. (CDC) 83-8314 (1983).
2) "Recommendations for Prevention of HIV Transmission in Health-Care Settings", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), August 21, 1987, Vol. 36, No. S2, pages 3S-18S).
3) "Protection Against Viral Hepatitis", Recommendations of the

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Immunization Practices Advisory Committee, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), February 9, 1990, Vol. 39, No. RR-2, pages 1-26).

~~4) "Guidelines for Prevention of TB Transmission in Hospitals," U.S. Department of Health and Human Services, Centers for Disease Control, Atlanta, Georgia 30333. (Revised April 1983) (See Section 690.720)~~

45) "General Recommendations on Immunization," Recommendations of the Advisory Committee on Immunization Practices, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), January 28, 1994, Vol. 43, No. RR-1, pages 1-38). (See Sections 690.620(d)(1), 690.690(d)(1) and 690.750(a).)

5) "Foodborne Pathogenic Microorganisms & Natural Toxins", Center for Food Safety and Applied Nutrition (March 2000), U.S. Food and Drug Administration, Washington, D.C. 20204-0001.

~~6) Joint Advisory Notice, Department of Labor/Department of Health and Human Services, HBV/HIV, Federal Register, Vol. 52, No. 210, pp. 41818-41823, October 30, 1987. (See Section 690.450)~~

~~7) "Diseases Transmitted by Foods", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Atlanta, Georgia 30333 (1982, Second Edition).~~

68) "Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), July 12, 1991, Vol. 40, No. RR-8, pages 1-9).

79) "Hepatitis B Virus: A Comprehensive Strategy for Eliminating Transmission in the United States Through Universal Childhood Vaccination", Recommendations of the Immunization Practices Advisory Committee, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), November 22, 1991, Vol. 40, No. RR-13, pages 1-25).

810) "Haemophilus b Conjugate Vaccines for Prevention of Haemophilus influenzae Type b Disease Among Infants and Children Two Months of Age and Older", Recommendations of the Immunization Practices Advisory Committee, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), January 11, 1991, Vol. 40, No. RR-3, pages 1-7).

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

911) "Human Rabies Prevention - United States, 1999", ~~"Rabies Prevention----United States, 1991",~~ Recommendations of the ~~Immunization Practices~~ Advisory Committee ~~Council~~ on Immunization Practices, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), January 8, 1999, Vol. 48, No. RR-1, pages 1-21). ~~March 22, 1991, Vol. 40, No. RR-3, pages 1-19).~~

10) "Prevention of Hepatitis A Through Active or Passive Immunization", Recommendations of the Advisory Committee on Immunization Practices (ACIP), U.S. Department of Health and Human Service, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), December 27, 1996, Vol. 45, No. RR-15, pages 1-30).

11) "Control and Prevention of Meningococcal Disease and Control and Prevention of Serogroup C Meningococcal Disease: Evaluation and Management of Suspected Outbreaks", Recommendations of the Advisory Committee on Immunization Practices (ACIP), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), February 14, 1997, Vol. 46, No. RR-5, pages 1-21.)

12) "Diphtheria, Tetanus and Pertussis: Recommendations for Vaccine Use and Other Preventive Measures", Recommendations of the Immunization Practices Advisory Committee (ACIP), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), August 8, 1991, Vol. 40, No. RR-10, pages 1-28).

13) "Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), October 16, 1998, Vol. 47, No. RR-19, pages 1-39).

14) "Prevention of Perinatal Group B Streptococcal Disease: A Public Health Perspective", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), May 31, 1996, Vol. 45, No. RR-7, pages 1-24).

15) "Pneumococcal Polysaccharide Vaccine", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), February 10, 1989, Vol. 38, No. 5, pages 64-68, 73-76).

16) "Guidelines for Isolation Precautions in Hospitals", U.S.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Infection Control and Hospital Epidemiology, January 1996, Vol. 17(1):54-80).

17) "Recommendations for Test Performance and Interpretation from the Second National Conference on Serologic Diagnosis of Lyme Disease", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), August 11, 1995, page 590).

~~b) All citations to federal regulations in this Part concern the specified regulations in the 1987 Code of Federal Regulations, unless another date is specified.~~

bc) All incorporations by reference of federal regulations and the standard of nationally recognized organizations refer to the regulations and standards on the date specified and do not include any additions or deletions subsequent to the date specified.

(Source: Amended at 25 Ill. Reg. 8937, effective _____)

DEPARTMENT OF VETERANS' AFFAIRS

NOTICE OF ADOPTED REPEALER

1) Heading of the Part: Korean War Memorial Construction Fund

2) Code Citation: 95 Ill. Adm. Code 122

3)

Section Number:	Adopted Action:
112.10	Repeal
122.20	Repeal
122.30	Repeal
122.40	Repeal

4) Statutory Authority: 20 ILCS 2805

5) Effective Date of Repealer: January 23, 2001

6) Does this rulemaking contain an automatic repeal date? No

7) Does this repealer contain incorporations by reference? No

8) A copy of the adopted repealer, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: 24 Ill. Reg. 6555 - April 21, 2000

10) Has JCAR issued a Statement of Objection to this repealer? No

11) Differences between proposal and final version: None

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the letter issued by JCAR? There were no agreements.

13) Will this repealer replace an emergency repealer currently in effect? No

14) Are there any other proposed amendments pending on this Part? No

15) Summary and purpose of repealer: This is to repeal the code for a program no longer administered by the agency and to comply with statutory authority.

16) Information and questions regarding this adopted repealer shall be directed to:

Donald Bullerman
833 S. Spring Street - PO Box 19432
Springfield, IL 62794-9432
(217) 785-7208

DEPARTMENT OF VETERANS' AFFAIRS

NOTICE OF ADOPTED REPEALER

1) Heading of the Part: Illinois Vietnam Veterans Memorial Grant

2) Code Citation: 95 Ill. Adm. Code 119

3)

Section Number:	Adopted Action:
119.10	Repeal
119.20	Repeal
119.30	Repeal
119.40	Repeal

4) Statutory Authority: 20 ILCS 2805

5) Effective Date of Repealer: January 23, 2001

6) Does this rulemaking contain an automatic repeal date? No

7) Does this repealer contain incorporations by reference? No

8) A copy of the adopted repealer, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: 24 Ill. Reg. 7187 - May 12, 2000

10) Has JCAR issued a Statement of Objection to this repealer? No

11) Differences between proposal and final version: None

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the letter issued by JCAR? There were no agreements.

13) Will this repealer replace an emergency repealer currently in effect? No

14) Are there any other proposed amendments pending on this Part? No

15) Summary and purpose of repealer: This is to repeal the code for a program no longer administered by the agency and to comply with statutory authority.

16) Information and questions regarding this adopted repealer shall be directed to:

Donald Bullerman
833 S. Spring Street - PO Box 19432
Springfield, IL 62794-9432
(217) 785-7208

DEPARTMENT OF VETERANS' AFFAIRS

NOTICE OF ADOPTED REPEALER

1) Heading of the Part: Rules Governing the Illinois Veterans Scholarship

2) Code Citation: 95 Ill. Adm. Code 110

3)

Section Number:	Adopted Action:
110.10	Repeal
110.20	Repeal
110.30	Repeal
110.40	Repeal
110.50	Repeal
110.60	Repeal
110.70	Repeal
110.80	Repeal
110.90	Repeal
110.100	Repeal
110.110	Repeal
110.120	Repeal
110.130	Repeal
110.140	Repeal
110.150	Repeal
110.160	Repeal
110.170	Repeal
110.180	Repeal
110.190	Repeal
110.200	Repeal
110.210	Repeal
110.220	Repeal
110.230	Repeal
110.240	Repeal
110.250	Repeal
110.260	Repeal
110.270	Repeal
110.280	Repeal
110.290	Repeal
110.300	Repeal
110.310	Repeal
110.320	Repeal
110.330	Repeal
110.340	Repeal

4) Statutory Authority: 20 ILCS 2805

5) Effective Date of Repealer: January 23, 2001

6) Does this rulemaking contain an automatic repeal date? No

7) Does this repealer contain incorporations by reference? No

DEPARTMENT OF VETERANS' AFFAIRS

NOTICE OF ADOPTED REPEALER

8) A copy of the adopted repealer, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: 24 Ill Reg. 7950 - May 26, 2000

10) Has JCAR issued a Statement of Objection to this repealer? No

11) Differences between proposal and final version: None

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the letter issued by JCAR? There were no agreements.

13) Will this repealer replace an emergency repealer currently in effect? No

14) Are there any other proposed amendments pending on this Part? No

15) Summary and purpose of repealer: This is to repeal the code for a program no longer administered by the agency and to comply with statutory authority.

16) Information and questions regarding this adopted repealer shall be directed to:

Donald Bullerman
833 S. Spring Street - PO Box 19432
Springfield, IL 62794-9432
(217) 785-7208

DEPARTMENT OF VETERANS' AFFAIRS

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Duties of the Superintendents of the Illinois Veterans Homes

2) Code Citation: 95 Ill. Adm. Code 106

3) Section Number: Adopted Action:
Statutory Authority Note Amendment

4) Statutory Authority: 20 ILCS 2805/2.9

5) Effective Date of Amendment: January 23, 2001

6) Does this rulemaking contain an automatic repeal date? No

7) Does this proposed amendment contain incorporations by reference? No

8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: 24 Ill. Reg. 8825 - June 30, 2000

10) Has JCAR issued a Statement of Objection to this amendment? No

11) Differences between proposal and final version: None

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the letter issued by JCAR? There were no agreements.

13) Will this amendment replace an emergency amendment currently in effect? No

14) Are there any other proposed amendments pending on this Part? No

15) Summary and purpose of amendment: This rule has been amended to correct the statutory authority.

16) Information and questions regarding this adopted amendment shall be directed to:

Donald Bullerman
833 S. Spring Street - PO Box 19432
Springfield, IL 62794-9432
(217) 785-7208

The full text of the adopted amendment begins on the next page:

DEPARTMENT OF VETERANS' AFFAIRS

NOTICE OF ADOPTED AMENDMENTS

TITLE 95: VETERANS AND MILITARY AFFAIRS
CHAPTER I: DEPARTMENT OF VETERANS' AFFAIRS

PART 106
DUTIES OF THE SUPERINTENDENTS OF THE
ILLINOIS VETERANS HOMES

Section
106.10 Duties

AUTHORITY: Implementing and authorized by the Department of Veterans Affairs Act [20 ILCS 2805].

SOURCE: Filed and effective December 15, 1977; codified at 6 Ill. Reg. 8438; amended at 12 Ill. Reg. 14361, effective August 30, 1988; amended at 25 Ill. Reg. 4038, effective JAN 23 2001.

DEPARTMENT OF VETERANS' AFFAIRS

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Payment for Cartage and Erection of Headstone, Marker or Memorial Marker

2) Code Citation: 95 Ill. Adm. Code 102

3)

Section Number:	Adopted Action:
102.10	Amendment
102.20	Amendment
102.30	Amendment

4) Statutory Authority: P.A. 09-752

5) Effective Date of Amendments: January 23, 2001

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? No

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: 24 Ill. Reg. 6559 - April 21, 2000

10) Has JCAR issued a Statement of Objection to these amendments? No

11) Differences between proposal and final version: None

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the letter issued by JCAR? There were no agreements.

13) Will these amendments replace emergency amendments currently in effect? No

14) Are there any other proposed amendments pending on this Part? No

15) Summary and purpose of amendments: These rules have been amended to conform with statutory authority. The amount to be paid has been changed from $50 to $100 and the payment is to be made to individuals or cemetery officials instead of monument company officials.

16) Information and questions regarding these adopted amendments shall be directed to:

Donald Bullerman
833 S. Spring Street - PO Box 19432
Springfield, IL 62794-9432
(217) 785-7208

The full text of the adopted amendments begins on the next page:

DEPARTMENT OF VETERANS' AFFAIRS

NOTICE OF ADOPTED AMENDMENTS

TITLE 95: VETERANS AND MILITARY AFFAIRS
CHAPTER I: DEPARTMENT OF VETERANS' AFFAIRS

PART 102
RULES GOVERNING PAYMENT FOR CARTAGE AND
ERECTION OF HEADSTONE, MARKER, OR MEMORIAL MARKER

Section
102.5 General Rules
102.10 State Payment of Fees
102.20 Limitation in Approval of Fees
102.30 Limitations of Payment

AUTHORITY: Implementing Section 1.1 of the Veterans Burial Places Act [330 ILCS 110/1.1] and authorized by Section 2(9) of the Department of Veterans Affairs Act [20 ILCS 2805/2].

SOURCE: Adopted at 4 Ill. Reg. 15, p. 264, effective April 4, 1980; codified at 6 Ill. Reg. 8431; amended at 12 Ill. Reg. 14731, effective September 6, 1988; amended at 25 Ill. Reg. 4040, effective JAN 27 2001.

Section 102.10 State Payment of Fees

The State of Illinois will pay cartage and erection fees not to exceed $100~~$50.00~~ per headstone, marker or memorial marker, after the headstone marker or memorial marker has been received and erected. All applications for payment shall be on forms provided by the Department of Veterans' Affairs within the fiscal year (July 1 - June 30) of date marker erected. The form ~~Form~~ must contain the following information: name of veteran; serial number; date of birth; date of death; enlistment and discharge dates; branch of service and rank; cemetery (name, address, county); grave number (lot, block, section); nearest relative and the relative's ~~their~~ address; designation of type of headstone; claimant's name, address, and social security number or FEIN. Failure to provide this information will prevent the payment for cartage and erection.

(Source: Amended at 25 Ill. Reg. 4040, effective JAN 27 2001)

Section 102.20 Limitation in Approval of Fees

Approval of cartage and erection fees will be made only for headstones, markers or memorial markers furnished free of cost by the Federal Government for United States War Veterans and erected within the geographical boundaries of Illinois. In cases where the United States Government has issued a replacement marker and acknowledged in writing its ~~their~~ responsibility for the error in the original marker inscription, the Department of Veterans' Affairs shall pay $100~~$50.00~~ for the setting of a second marker if the first marker was erected before the

DEPARTMENT OF VETERANS' AFFAIRS

NOTICE OF ADOPTED AMENDMENTS

error was discovered. In no event will the Department pay for a second marker setting if the inscription error was made by any person, organization or agency other than the United States Government, and no more than two $100~~$50.00~~ cartage and erection fees will be paid for a headstone, marker or memorial marker for a veteran.

(Source: Amended at 25 Ill. Reg. 4040, effective JAN 27 2001)

Section 102.30 Limitations of Payment

The State of Illinois will pay only for headstone, marker or memorial marker erection ~~erected~~.
The State of Illinois shall pay the $100~~$50.00~~ fee to the next-of-kin (nearest of kindred) or cemetery official ~~or monument company official~~ upon receipt in the War Graves Section of the Department of Veterans' Affairs of a completed and signed application from the person responsible for incurring or paying the costs associated with transporting and erecting a government marker. The next-of-kin (nearest of kindered) must provide a copy of the paid receipt to the Department of Veterans' Affairs showing they have paid the cemetery or monument company official responsible for setting the government marker.

(Source: Amended at 25 Ill. Reg. 4040, effective JAN 27 2001)

DEPARTMENT OF VETERANS' AFFAIRS

NOTICE OF ADOPTED REPEALER

1) Heading of the Part: Vietnam Veterans Act Program

2) Code Citation: 95 Ill. Adm. Code 117

3)

Section Number:	Adopted Action:
117.10	Repeal
117.20	Repeal
117.30	Repeal
117.40	Repeal
117.50	Repeal
117.60	Repeal

4) Statutory Authority: 20 ILCS 2805

5) Effective Date of Repealer: January 23, 2001

6) Does this rulemaking contain an automatic repeal date? No

7) Does this adopted repealer contain incorporations by reference? No

8) A copy of the adopted repealer, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: 24 Ill. Reg. 7950 - June 9, 2000

10) Has JCAR issued a Statement of Objection to this repealer? No

11) Differences between proposal and final version: None

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the letter issued by JCAR? There were no agreements.

13) Will this repealer replace an emergency repealer currently in effect? No

14) Are there any other amendments pending on this Part? No

15) Summary and purpose of repealer: This is to repeal the code for a program no longer administered by the agency and to comply with statutory authority.

16) Information and questions regarding this adopted repealer shall be directed to:

Donald Bullerman
833 S. Spring Street - PO Box 19432
Springfield, IL 62794-9432

DEPARTMENT OF VETERANS' AFFAIRS

NOTICE OF ADOPTED REPEALER

(217) 785-7208

DEPARTMENT OF STATE POLICE

NOTICE OF EMERGENCY RULES

1) Heading of the Part: Emission Inspection Training and Certification

2) Code Citation: 20 Ill. Adm. Code 1293

3)

Section Numbers:	Emergency Action:
1293.10	New Section
1293.20	New Section
1293.30	New Section

4) Statutory Authority: Implementing and authorized by Section 13-102.1 of the Illinois Vehicle Code [625 ILCS 5/13-102.1] and authorized by Section 55a of the Civil Administrative Code of Illinois [20 ILCS 2605/55a].

5) Effective Date of Rules: March 1, 2001

6) If this emergency rule is to expire before the end of the 150-day period, please specify the date on which it is to expire: This emergency rule will not expire before the end of the 150-day period.

7) Date Filed with the Index Department: February 26, 2001

8) A copy of the rule is available in the agency's principal office for public inspection.

9) Reason for Emergency: Public Act 91-0865 requires the Department of State Police to adopt rules for the training and certification of persons who conduct diesel emission inspections.

10) A Complete Description of the Subjects and Issues Involved: This rulemaking will establish administrative rules for the training and certification of persons who conduct diesel emission inspections.

11) Are there any proposed amendments to this Part pending: No

12) Statement of Statewide Policy Objectives: These rules will not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

13) Information and questions regarding this rule shall be directed to:

Mr. James W. Redlich
Chief Legal Counsel
Illinois State Police
124 East Adams Street, Room 102
Post Office Box 19461
Springfield, Illinois 62794-9461
Telephone: (217) 782-7658
Fax: (217) 524-5743

DEPARTMENT OF STATE POLICE

NOTICE OF EMERGENCY RULES

The full text of the emergency rules begins on the next page:

DEPARTMENT OF STATE POLICE

NOTICE OF EMERGENCY RULES

TITLE 20: CORRECTIONS, CRIMINAL JUSTICE, AND LAW ENFORCEMENT
CHAPTER II: DEPARTMENT OF STATE POLICE

PART 1293
EMISSION INSPECTION TRAINING AND CERTIFICATION

Section
1293.10 Purpose
EMERGENCY
1293.20 Definitions
EMERGENCY
1293.30 Procedures
EMERGENCY

AUTHORITY: Implementing and authorized by Section 13-102.1 of the Illinois Vehicle Code [625 ILCS 5/13-102.1] and authorized by Section 55a of the Civil Administrative Code of Illinois [20 ILCS 2605/55a].

SOURCE: Adopted by emergency rulemaking at 25 Ill. Reg. 4045, effective March 1, 2001, for a maximum of 150 days.

Section 1293.10 Purpose
EMERGENCY

The purpose of this Part is to establish procedures for the training and certification of persons who conduct diesel emission inspections.

Section 1293.20 Definitions
EMERGENCY

"Act" means the Sections of the Illinois Vehicle Code pertaining to diesel emission inspections.

"Certification" means the authorization of an individual by the Director of State Police or designee as a person qualified to perform diesel emission inspections as provided by the Act.

"Training" means instruction provided by the Illinois Department of State Police in the legal, practical, and technical aspects of diesel emission inspection.

Section 1293.30 Procedures
EMERGENCY

a) Certification will occur upon completion of training and successful passage of a written examination.
b) Training shall be not less than six hours in duration and shall include both classroom and practical components.
c) Certification expires after two years from the date of certification.
d) Re-certification may occur any time within one year before or after the expiration of certification.
e) Re-certification training will consist of a refresher course of not less than four hours in duration and successful passage of a written examination.
f) Re-certification provides the same authorization as certification.
g) The Director of State Police or designee shall schedule training and select trainees on the basis of need, qualifications, and available resources.

DEPARTMENT OF STATE POLICE

NOTICE OF EMERGENCY RULES

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PUBLIC INFORMATION

LISTING OF DERIVED WATER QUALITY CRITERIA

Pursuant to 35 Ill. Adm. Code 302.Subpart F, the following water quality criteria have been derived as listed. This listing includes only the waterbodies for which water quality criteria have been used during the period November 1, 2000 through January 31, 2001.

A cumulative listing of criteria as of July 31, 1993 was published in 17 Ill. Reg. 18904, October 29, 1993. Listings of waterbodies for which water quality criteria were used during subsequent three month periods were published in 18 Ill. Reg. 318, January 7, 1994; 18 Ill. Reg. 4457, March 18, 1994; 18 Ill. Reg. 8734, June 10, 1994; 18 Ill. Reg. 14166, September 9, 1994; 18 Ill. Reg. 17770, December 9, 1994; 19 Ill. Reg. 3563, March 17, 1995; 19 Ill. Reg. 7270, May 26, 1995; 19 Ill. Reg. 12527, September 1, 1995; 20 Ill. Reg. 649, January 5, 1996; 20 Ill. Reg. 4829, March 22, 1996; 20 Ill. Reg. 7549, May 30, 1996; 20 Ill. Reg. 12278, September 6, 1996; 20 Ill. Reg. 15619, December 6, 1996; 21 Ill. Reg. 3761, March 21, 1997; 21 Ill. Reg. 7554, June 13, 1997; 21 Ill. Reg. 12695, September 12, 1997; 21 Ill. Reg. 16193, December 12, 1997; 22 Ill. Reg. 5131, March 13, 1998; 22 Ill. Reg. 10689, June 12, 1998; 22 Ill. Reg. 16376, September 11, 1998; 22 Ill. Reg. 22423, December 28, 1998; 23 Ill. Reg. 3102, March 12, 1999; 23 Ill. Reg. 6979, June 11, 1999; 23 Ill. Reg. 11774, September 24, 1999; 23 Ill. Reg. 14772, December 27, 1999; 24 Ill. Reg. 4251, March 17, 2000; 24 Ill. Reg. 8146, June 9, 2000; 24 Ill. Reg. 14428, September 29, 2000; and 25 Ill. Reg. 270, January 5, 2001.

Chemical: Acenaphthene CAS #83-32-9
Acute criterion: 124 ug/l Chronic criterion: 9.9 ug/l
Date criteria derived: November 14, 1991
Applicable waterbodies:

Not used during this period.

Chemical: Acetone CAS #67-64-1
Acute criterion: 1,530 mg/l Chronic criterion: 122 mg/l
Date criteria derived: May 25, 1993
Applicable waterbodies:

Not used during this period.

Chemical: Acetonitrile CAS #75-05-8
Acute criterion: 375 mg/l Chronic criterion: 30 mg/l
Date criteria derived: December 7, 1993
Applicable waterbodies:

Not used during this period.

Chemical: Acrylonitrile CAS #107-13-4
Acute criterion: 910 ug/l Chronic criterion: 73 ug/l

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PUBLIC INFORMATION

LISTING OF DERIVED WATER QUALITY CRITERIA

Human health criterion (HNC): 0.21 ug/l
Date criteria derived: November 13, 1991
Applicable waterbodies:

Not used during this period.

Chemical: Anthracene CAS #120-12-7
Human health criterion (HTC): 35 mg/l
Date criteria derived: August 18, 1993
Applicable waterbodies:

Not used during this period.

Chemical: Benzene CAS #71-43-2
Acute criterion: 1,300 ug/l Chronic criterion: 110 ug/l
Human health criterion (HNC): 21 ug/l
Date criteria derived: August 15, 1990, revised January 14, 1999
Applicable waterbodies:

Not used during this period.

Chemical: Benzo(a)anthracene CAS #56-55-3
Human health criterion (HNC): 0.01 ug/l
Date criteria derived: August 10, 1993
Applicable waterbodies:

Not used during this period.

Chemical: Benzo(a)pyrene CAS #50-32-8
Human health criterion (HNC): 0.01 ug/l
Date criteria derived: August 10, 1993
Applicable waterbodies:

Not used during this period.

Chemical: Benzo(b)fluoranthene CAS # 205-99-2
Human health criterion (HNC): 0.01 ug/l
Date criteria derived: August 10, 1993
Applicable waterbodies:

Not used during this period.

Chemical: Benzo(k)fluoranthene CAS #207-08-9
Human health criterion (HNC): 0.01 ug/l
Date criteria derived: August 10, 1993
Applicable waterbodies:

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PUBLIC INFORMATION

LISTING OF DERIVED WATER QUALITY CRITERIA

Not used during this period.

Chemical: Carbon tetrachloride CAS #56-23-5
Acute criterion: 3,500 ug/l Chronic criterion: 280 ug/l
Human health criterion (HNC): 1.4 ug/l
Date criteria derived: June 18, 1993
Applicable waterbodies:

Not used during this period.

Chemical: Chlorobenzene CAS #108-90-7
Acute criterion: 993 ug/l Chronic criterion: 79 ug/l
Date criteria derived: December 11, 1991
Applicable waterbodies:

Not used during this period.

Chemical: Chloroform CAS #67-66-3
Acute criterion: 1,870 ug/l Chronic criterion: 150 ug/l
Human health criterion (HNC): 130 ug/l
Date criteria derived: October 26, 1992
Applicable waterbodies:

Not used during this period.

Chemical: Chrysene CAS #218-01-9
Human health criterion (HNC): 0.01 ug/l
Date criteria derived: August 10, 1993
Applicable waterbodies:

Not used during this period.

Chemical: 1,2-dichlorobenzene CAS #95-50-1
Acute criterion: 210 ug/l Chronic criterion: 16.8 ug/l
Date criteria derived: December 1, 1993
Applicable waterbodies:

Not used during this period.

Chemical: 1,3-dichlorobenzene CAS #541-73-1
Acute criterion: 500 ug/l Chronic criterion: 196 ug/l
Date criteria derived: July 31, 1991
Applicable waterbodies:

Not used during this period.

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PUBLIC INFORMATION

LISTING OF DERIVED WATER QUALITY CRITERIA

Chemical: 1,2-dichloroethane CAS #107-06-2
Acute criterion: 24,900 ug/l Chronic criterion: 4,540 ug/l
Human health criterion (HNC): 23 ug/l
Date criteria derived: March 19, 1992
Applicable waterbodies:

Not used during this period.

Chemical: 1,1-dichloroethylene CAS #75-35-4
Acute criterion: 3,030 ug/l Chronic criterion: 242 ug/l
Human health criterion (HNC): 0.95 ug/l
Date criteria derived: March 20, 1992
Applicable waterbodies:

Not used during this period.

Chemical: 2,4-dichlorophenol CAS #120-83-2
Acute criterion: 631 ug/l Chronic criterion: 83.1 ug/l
Date criteria derived: November 14, 1991
Applicable waterbodies:

Not used during this period.

Chemical: 1,2-dichloropropane CAS #78-87-5
Acute criterion: 4,800 ug/l Chronic criterion: 380 ug/l
Date criteria derived: December 7, 1993
Applicable waterbodies:

Not used during this period.

Chemical: 1,3-dichloropropylene CAS #542-75-6
Acute criterion: 99 ug/l Chronic criterion: 7.9 ug/l
Date criteria derived: November 13, 1991
Applicable waterbodies:

Not used during this period.

Chemical: 2,4-dimethyl phenol CAS #105-67-9
Acute criterion: 740 ug/l Chronic criterion: 220 ug/l
Date criteria derived: October 26, 1992
Applicable waterbodies:

Not used during this period.

Chemical: 4,6-dinitro-o-cresol = 2-methyl-4,6-dinitrophenol

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PUBLIC INFORMATION

LISTING OF DERIVED WATER QUALITY CRITERIA

CAS #534-52-1
Acute criterion: 28.8 ug/l Chronic criterion: 2.3 ug/l
Date criteria derived: November 14, 1991
Applicable waterbodies:

Not used during this period.

Chemical: 2,4-dinitrophenol CAS #51-28-5
Acute criterion: 85.3 ug/l Chronic criterion: 4.07 ug/l
Date criteria derived: December 1, 1993
Applicable waterbodies:

Not used during this period.

Chemical: 2,6-dinitrotoluene CAS #606-20-2
Acute criterion: 1,910 ug/l Chronic criterion: 153 ug/l
Date criteria derived: February 14, 1992
Applicable waterbodies:

Not used during this period.

Chemical: Diquat CAS #85-00-7
Acute criterion: 1,330 ug/l Chronic criterion: 106 ug/l
Date criteria derived: January 30, 1996
Applicable waterbodies:

Not used during this period.

Chemical: Ethylbenzene CAS #100-41-4
Acute criterion: 220 ug/l Chronic criterion: 17 ug/l

Date criteria derived: August 15, 1990, revised May 17, 1991
Applicable waterbodies:

07140106-1315/off East Creek
07140202-0051/off Plum Creek

Chemical: Fluoranthene CAS #206-44-0
Human health criterion (HTC): 120 ug/l
Date criteria derived: August 10, 1993
Applicable waterbodies:

Not used during this period.

Chemical: Formaldehyde CAS #50-00-0

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PUBLIC INFORMATION

LISTING OF DERIVED WATER QUALITY CRITERIA

Acute criterion: 4.9 mg/l Chronic criterion: 0.39 mg/l
Date criteria derived: January 19, 1993
Applicable waterbodies:

Not used during this period.

Chemical: Hexachlorobenzene CAS #118-74-1
Human health criterion (HNC): 0.00025 ug/l
Date criteria derived: November 15, 1991
Applicable waterbodies:

Not used during this period.

Chemical: Hexachlorobutadiene CAS #87-68-3
Acute criterion: 34.5 ug/l Chronic criterion: 2.76 ug/l
Date criteria derived: March 23, 1992
Applicable waterbodies:

Not used during this period.

Chemical: Hexachloroethane CAS #67-72-1
Acute criterion: 381 ug/l Chronic criterion: 30.5 ug/l
Human health criterion (HNC): 2.9 ug/l
Date criteria derived: November 15, 1991
Applicable waterbodies:

Not used during this period.

Chemical: Isobutyl alcohol = 2-methyl-1-propanol

CAS #78-83-1
Acute criterion: 434 mg/l Chronic criterion: 34.8 mg/l
Date criteria derived: December 1, 1993
Applicable waterbodies:

Not used during this period.

Chemical: Methylene chloride CAS #75-09-2
Acute criterion: 17,200 ug/l Chronic criterion: 1,380 ug/l
Human health criterion (HNC): 340 ug/l
Date criteria derived: January 21, 1992
Applicable waterbodies:

Not used during this period.

Chemical: Methylethylketone CAS #78-93-3

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PUBLIC INFORMATION

LISTING OF DERIVED WATER QUALITY CRITERIA

Acute criterion: 322,000 ug/l Chronic criterion: 26,000 ug/l
Date criteria derived: July 1, 1992
Applicable waterbodies:

Not used during this period.

Chemical: 4-methyl-2-pentanone CAS #108-10-1
Acute criterion: 46 mg/l Chronic criterion: 3.68 mg/l
Date criteria derived: January 13, 1992
Applicable waterbodies:

Not used during this period.

Chemical: 2-methyl phenol CAS #95-48-7
Acute criterion: 4.7 mg/l Chronic criterion: 0.37 mg/l
Date criteria derived: November 8, 1993
Applicable waterbodies:

Not used during this period.

Chemical: 4-methyl phenol CAS #106-44-5
Acute criterion: 670 mg/l Chronic criterion: 120 mg/l
Date criteria derived: January 13, 1992
Applicable waterbodies:

Not used during this period.

Chemical: Naphthalene CAS #91-20-3
Acute criterion: 670 ug/l Chronic criterion: 68 ug/l
Date criteria derived: November 7, 1991
Applicable waterbodies:

Not used during this period.

Chemical: 4-nitroaniline CAS #100-01-6
Acute criterion: 1.5 mg/l Chronic criterion: 0.12 mg/l
Date criteria derived: May 5, 1996
Applicable waterbodies:

Not used during this period.

Chemical: Nitrobenzene CAS #98-95-3
Acute criterion: 15.4 mg/l Chronic criterion: 4.67 mg/l
Human health criterion (HTC): 0.52 mg/l
Date criteria derived: February 14, 1992
Applicable waterbodies:

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PUBLIC INFORMATION

LISTING OF DERIVED WATER QUALITY CRITERIA

Not used during this period.

Chemical: Pentachlorophenol
Acute criterion: 20 ug/l Chronic criterion: 13 ug/l
Date criteria derived: national criterion, September 1986
Applicable waterbodies:

Not used during this period.

Chemical: Phenanthrene CAS #85-01-8
Acute criterion: 46 ug/l Chronic criterion: 3.7 ug/l
Date criteria derived: October 26, 1992
Applicable waterbodies:

Not used during this period.

Chemical: Pyrene CAS #120-00-0
Human health criterion (HTC): 3,500 ug/l
Date criteria derived: December 22, 1992
Applicable waterbodies:

Not used during this period.

Chemical: Tetrachloroethylene CAS #127-18-4
Acute criterion: 1,220 ug/l Chronic criterion: 152 ug/l
Date criteria derived: March 23, 1992
Applicable waterbodies:

Not used during this period.

Chemical: Tetrahydrofuran CAS #109-99-9
Acute criterion: 216,000 ug/l Chronic criterion: 17,300 ug/l
Date criteria derived: March 16, 1992
Applicable waterbodies:

Not used during this period.

Chemical: Toluene CAS #108-88-3
Acute criterion: 1,300 ug/l Chronic criterion: 110 ug/l

Date criteria derived: August 16, 1990, revised May 17, 1991, January 26, 1993 and January 14, 1999
Applicable waterbodies:

07140106-1315/off East Creek

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PUBLIC INFORMATION

LISTING OF DERIVED WATER QUALITY CRITERIA

07140202-0051/off Plum Creek

Chemical: 1,2,4-trichlorobenzene CAS #120-82-1
Acute criterion: 353 ug/l Chronic criterion: 69.2 ug/l
Date criteria derived: December 14, 1993
Applicable waterbodies:

Not used during this period.

Chemical: 1,1,1-trichloroethane CAS #71-55-6
Acute criterion: 4,910 ug/l Chronic criterion: 393 ug/l
Date criteria derived: October 26, 1992
Applicable waterbodies:

Not used during this period.

Chemical: 1,1,2-trichloroethane CAS #79-00-5
Acute criterion: 19,000 ug/l Chronic criterion: 3,540 ug/l
Human health criterion (HNC): 12 ug/l
Date criteria derived: December 13, 1993
Applicable waterbodies:

Not used during this period.

Chemical: Trichloroethylene CAS #79-01-6
Acute criterion: 11,700 ug/l Chronic criterion: 940 ug/l
Date criteria derived: October 23, 1992
Applicable waterbodies:

Not used during this period.

Chemical: Xylenes CAS # 1330-20-7
Acute criterion: 1,500 ug/l Chronic criterion: 120 ug/l

Date criteria derived: August 23, 1990, revised January 14, 1999
Applicable waterbodies:

07140106-1315/off East Creek
07140202-0051/off Plum Creek

For additional information concerning these criteria or the derivation process use contact:

Bob Mosher
Illinois Environmental Protection Agency

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PUBLIC INFORMATION

LISTING OF DERIVED WATER QUALITY CRITERIA

Division of Water Pollution Control
1021 North Grand Avenue East
Post Office Box 19276
Springfield, Illinois 62794-9276
217/782-3362

JOINT COMMITTEE ON ADMINISTRATIVE RULES

STRATTON OFFICE BUILDING
ROOM C-1
SPRINGFIELD, ILLINOIS
9:00 A.M.
MARCH 21, 2001

NOTICES: Due to *Register* submittal deadlines, the Agenda below may be incomplete. Other items not contained in this published Agenda are likely to be considered by the Committee at the meeting.

It is the policy of the Committee to allow only representatives of State agencies to testify orally on any rule under consideration at Committee hearings. If members of the public wish to express their views with respect to a proposed rule, they should submit written comments to the Office of the Joint Committee on Administrative Rules at the following address:

Joint Committee on Administrative Rules
700 Stratton Office Building
Springfield, Illinois 62706

RULEMAKINGS SCHEDULED FOR JCAR REVIEW

The following rulemakings are scheduled for review at this meeting. JCAR staff may be proposing action with respect to some of these rulemakings. JCAR members may have questions concerning, and may initiate action with respect to, any item scheduled for JCAR review and any other issues within the Committee's purview.

PROPOSED RULEMAKINGS

Aging

1. Elder Abuse Program (Repealer) (89 Ill Adm Code 250)
   -First Notice Published: 24 Ill Reg 14813 - 10/13/00
   -Expiration of Second Notice: 4/7/01

2. Elder Rights (89 Ill Adm Code 270)
   -First Notice Published: 24 Ill Reg 14822 - 10/13/00
   -Expiration of Second Notice: 4/7/01

Central Management Services

3. Pay Plan (80 Ill Adm Code 310)
   -First Notice Published: 24 Ill Reg 16151 - 11/3/00
   -Expiration of Second Notice: 4/12/01

Children and Family Services

4. Placement and Visitation Services (89 Ill Adm Code 301)

JOINT COMMITTEE ON ADMINISTRATIVE RULES

STRATTON OFFICE BUILDING
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SPRINGFIELD, ILLINOIS
9:00 A.M.
MARCH 21, 2001

   -First Notice Published: 24 Ill Reg 14719 - 11/27/00
   -Expiration of Second Notice: 3/21/01

5. Adoption Services for Children for Whom the Department of Children and Family Services is Legally Responsible (89 Ill Adm Code 309)
   -First Notice Published: 24 Ill Reg 17394 - 11/27/00
   -Expiration of Second Notice: 3/21/01

6. Permanency Planning (89 Ill Adm Code 315)
   -First Notice Published: 24 Ill Reg 17401 - 11/27/00
   -Expiration of Second Notice: 3/21/01

Community College Board

7. Administration of the Illinois Public Community College Act (23 Ill Adm Code 1501)
   -First Notice Published: 24 Ill Reg 16874 - 11/17/00
   -Expiration of Second Notice: 4/6/01

Human Services

8. Partner Abuse Intervention (89 Ill Adm Code 501)
   -First Notice Published: 24 Ill Reg 17436 - 11/27/00
   -Expiration of Second Notice: 3/30/01

Insurance

9. Pre-Licensing and Continuing Education (50 Ill Adm Code 3119)
   -First Notice Published: 24 Ill Reg 15496 - 10/27/00
   -Expiration of Second Notice: 3/29/01

Natural Resources

10. Sport Fishing Regulations for the Waters of Illinois (17 Ill Adm Code 810)
   -First Notice Published: 24 Ill Reg 17877 - 12/15/00
   -Expiration of Second Notice: 3/21/01

Pollution Control Board

11. Definitions and General Provisions (35 Ill Adm Code 211)
   -First Notice Published: 24 Ill Reg 16452 - 11/13/00
   -Expiration of Second Notice: 4/8/01

JOINT COMMITTEE ON ADMINISTRATIVE RULES

STRATTON OFFICE BUILDING
ROOM C-1
SPRINGFIELD, ILLINOIS
9:00 A.M.
MARCH 21, 2001

12. Nitrogen Oxides Emissions (35 Ill Adm Code 217)
-First Notice Published: 24 Ill Reg 16200 - 11/3/00
-Expiration of Second Notice: 4/8/01

13. Nitrogen Oxides Emissions (35 Ill Adm Code 217)
-First Notice Published: 24 Ill Reg 16467 - 11/13/00
-Expiration of Second Notice: 4/8/01

Public Aid

14. Practice in Administrative Hearings (89 Ill Adm Code 104)
-First Notice Published: 24 Ill Reg 16209 - 11/3/00
-Expiration of Second Notice: 4/5/01

15. Hospital Services (89 Ill Adm Code 148)
-First Notice Published: 24 Ill Reg 18984 - 12/29/00
-Expiration of Second Notice: 4/8/01

Public Health

16. Illinois Home Health Agency Code (77 Ill Adm Code 245)
-First Notice Published: 24 Ill Reg 11565 - 8/4/00
-Expiration of Second Notice: 3/24/01

17. Intermediate Care for the Developmentally Disabled Facilities Code (77 Ill Adm Code 350)
-First Notice Published: 24 Ill Reg 17448 - 11/27/00
-Expiration of Second Notice: 3/30/01

Revenue

18. Income Tax (86 Ill Adm Code 100)
-First Notice Published: 24 Ill Reg 17496 - 12/1/00
-Expiration of Second Notice: 3/24/01

19. Retailers' Occupation Tax (86 Ill Adm Code 130)
-First Notice Published: 24 Ill Reg 18505 - 12/22/00
-Expiration of Second Notice: 3/25/01

20. Retailers' Occupation Tax (86 Ill Adm Code 130)
-First Notice Published: 25 Ill Reg 44 - 1/5/01
-Expiration of Second Notice: 4/13/01

JOINT COMMITTEE ON ADMINISTRATIVE RULES

STRATTON OFFICE BUILDING
ROOM C-1
SPRINGFIELD, ILLINOIS
9:00 A.M.
MARCH 21, 2001

21. Informal Conference Board (86 Ill Adm Code 215)
-First Notice Published: 24 Ill Reg 19022 - 12/29/00
-Expiration of Second Notice: 4/14/01

Secretary of State

22. Illinois State Library, Information Services Division (23 Ill Adm Code 3010)
-First Notice Published: 24 Ill Reg 18519 - 12/22/00
-Expiration of Second Notice: 3/24/01

State Employees' Retirement System

23. The Administration and Operation of the State Employees' Retirement System of Illinois (80 Ill Adm Code 1540)
-First Notice Published: 25 Ill Reg 55 - 1/5/01
-Expiration of Second Notice: 4/11/01

Transportation

24. Airport Land Loan Program (92 Ill Adm Code 15)
-First Notice Published: 24 Ill Reg 19041 - 12/29/00
-Expiration of Second Notice: 4/8/01

Veterans' Affairs

25. Duties of the Superintendent of the Illinois Veterans Homes (95 Ill Adm Code 106)
-First Notice Published: 24 Ill Reg 18545 - 12/22/00
-Expiration of Second Notice: 4/8/01

26. Admission to and Discharge from Illinois Veterans Homes (95 Ill Adm Code 107)
-First Notice Published: 24 Ill Reg 18539 - 12/22/00
-Expiration of Second Notice: 4/8/01

27. Funeral and Burial Procedures for Members of the Illinois Homes (95 Ill Adm Code 109)
-First Notice Published: 24 Ill Reg 18549 - 12/22/00
-Expiration of Second Notice: 4/8/01

EMERGENCY AND PEREMPTORY RULEMAKINGS

JOINT COMMITTEE ON ADMINISTRATIVE RULES

STRATTON OFFICE BUILDING
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9:00 A.M.
MARCH 21, 2001

Children and Family Services

28. Appeal of Child Abuse and Neglect Investigation Findings (89 Ill Adm Code 336) (Emergency)
-Notice Published: 25 Ill Reg 2735 - 3/9/01

Human Services

29. Child Care (89 Ill Adm Code 50) (Emergency)
-Notice Published: 25 Ill Reg 2735 - 2/16/01

30. Refugee/Entrant/Repatriate Program (89 Ill Adm Code 115) (Emergency)
-Notice Published: 25 Ill Reg 3046 - 2/23/01

31. Food Stamps (89 Ill Adm Code 121) (Emergency)
-Notice Published: 25 Ill Reg 3707 - 3/9/01

EXPEDITED CORRECTION

Environmental Protection Agency

32. General Procedures For Emissions Tests Averaging (35 Ill Adm Code 283)
-Notice Published: 25 Ill Reg 2751 - 2/16/01

AGENCY RESPONSES

Commerce and Community Affairs

33. Economic Development Area Tax Increment Allocation Financing (Repealer) (14 Ill Adm Code 526; 24 Ill Reg 8671)

34. Economic Development Area Tax Increment Allocation Financing (Repealer) (14 Ill

Adm Code 525; 24 Ill Reg 8678)

Human Services

35. Child Care (89 Ill Adm Code 50; 24 Ill Reg 6477)

36. Crisis Assistance (89 Ill Adm Code 116; 24 Ill Reg 11460)

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of February 26, 2001 through March 5, 2001 and have been scheduled for review by the Committee at its March 20, 2001 meeting in Springfield. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rulemaking should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706.

Second Notice Expires	Agency and Rule	Start Of First Notice	JCAR Meeting
4/7/01	Department on Aging, Elder Abuse Program (Repealer) (89 Ill Adm Code 250)	10/13/00 24 Ill Reg 14813	3/20/01
4/11/01	State Employees Retirement System, The Administration and Operation of the State Employees' Retirement System of Illinois (80 Ill Adm Code 1540)	1/5/01 25 Ill Reg 55	3/20/01
4/12/01	Department of Central Management Services, Pay Plan (80 Ill Adm Code 310)	11/3/00 24 Ill Reg 16151	3/20/01
4/13/01	Department of Revenue, Retailers' Occupation Tax (86 Ill Adm Code 130)	1/5/01 25 Ill Reg 44	3/20/01
4/14/01	Department of Revenue, Informal Conference Board (86 Ill Adm Code 215)	12/29/00 24 Ill Reg 19022	3/20/01